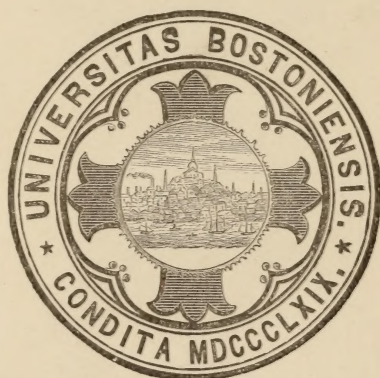




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BOARDS OF HEALTH, THEIR SCOPE AND POWER.*

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OF THE DISTRICT OF COLUMBIA.

PUBLIC hygiene is an important branch of general hygiene. Public and private hygiene differ only in the mode of application. Private hygiene regards the individual; public hygiene, society. This is apparently a new science. I say apparently, because the ancients, in periods of civilization and refinement, did not disregard it. The cloaca of Rome is a monument of ancient hygiene, one which, although twenty-five hundred years old, is in use now and indestructible. Recent discoveries in Syria and Jerusalem prove that the Mosaic sanitary laws were most religiously observed. It seems, however, that with the fall of Eastern and Roman civilization sanitary science perished. Public hygiene needs general facts, authentic statistics, positive studies and exacting measures. These studies of general facts and authentic statistics lead to the suggestion of sanitary measures to which every law-abiding citizen ought to conform and should gladly obey. In studying the material as well as the moral and intellectual influences that affect the social structure, we must be led not only in the interest of common preservation, but also in the amelioration of our kind in all the conditions of our existence. Public hygiene may be far from possessing all the materials necessary to solve all the questions under its domain, but well-conceived

* This paper was read at the recent meeting of the American Institute of Homœopathy, at Chautauqua Lake, N. Y., and by a unanimous vote was referred to the journals with the request to publish it and thus give it as wide a circulation as possible.

statistics and reliable records will in the course of time throw so much light upon causes and effects, that future generations may draw from their teaching lessons of incalculable benefit to the preservation and amelioration of the human family. The medical art and science is but a feeble protector, when a community is invaded by a fatal disease as an offspring of neglected sanitary laws. Hundreds of instances might be cited to prove how powerless the medical faculty is to stay these scourges that decimate populations. Our own country, in very recent times, can illustrate the truth of this statement. We need not go to the Egyptian nor to the London plagues. New Orleans, Key West, Norfolk, San Antonio, Baton Rouge, Memphis, Nashville and Savannah are sufficiently suggestive; yellow fever or cholera cast dismay and death among their benighted people too often for them to forget their recurrence. Diphtheria in Albany, scarlet fever, etc., in Chicago and other cities, are also factors in this problem. These plagues are never checked nor conquered until sanitary science comes to the front and fights filth as the Indians fight the fires of the prairies. The sanitarian cleanses the city, regulates the markets and the sale of food, condemns and abates every nuisance injurious to health, in spite even of the claims of property and of liberty. As in time of war or threatening conflagrations, the few must suffer that the many might live. It is well known that as a fatal epidemic approaches people ignorant of sanitary science become panic-stricken, abandon the sick, the dying and the dead, which become a further source of the profliferity of the virus, until the atmosphere, laden with the germs of disease, destroys a whole people. A current of air then takes clouds of these germs, carries them aloft and to other cities, until the scourge travels thousands of miles, leaving death and desolation in its track. To meet this terrible foe everything must be removed upon which it may find shelter and food. A people skilled in sanitary science, when threatened by such an incursion, clean streets, alleys, grounds and houses, remove all filth, prevent the sale of unwholesome food, have care for the sick and remove them from crowded localities, isolate those affected by contagious or infectious maladies, disinfect the premises, etc., so that when the invading foe arrives it meets at the very gates of the city, ozone, the great destroyer of animalculæ and germs, for ozone abounds where there is no filth or infusoria. The wars of the East generally engendered the plague, but war in our New Orleans brought health. The yellow fever, almost perennial in that locality,

found no favor in the administration of General Butler. If the general could not be killed by a bullet, he would not be killed by a mean worm or a low fungus. He placed an army in the streets, not armed with muskets, but with brooms, and removed everything in which this invisible but dangerous enemy could find aliment and opportunity for fermentation and procreation. Orders were peremptory, sentinels were not permitted to sleep at their posts; and if the dreaded enemy did come, it died where it fell, and to the horrors of war were not added the horrors of death, pestilence and famine. New Orleans, a city of death and fear during the careless times of peace, was a city of health during the war. This alone should demonstrate the fact that fatal epidemics are impossible in localities governed according to the dictates of sanitary science. Whenever you hear of a fatal epidemic in any city, believe me that city is badly governed; you will find in it faulty drainage and incapable sanitary police. The individual is either powerless or indifferent; it is a maxim that what is everybody's duty is nobody's duty. We are forced into that conviction by our every day's experience; hence we select to have governments whose prerogative is to attend to public duties. During the last thirty years communities have become aware that unless sanitary organizations are created, they would be at the mercy of these recurring misfortunes.

France, in 1848, decreed that there should be established a "Consultation Committee of Public Hygiene," to which the government shall refer all matters connected with sanitary science, sanitary laws and sanitary improvements. Magendie was the first president of this organization, and from that time some of the most notable and scientific men of France have been honored with an appointment in its council. This committee subdivides its labors as follows: 1st. Sanitary service of the exterior. This bureau sends sanitary agents abroad, and particularly into those countries where infectious diseases prevail; these agents keep the Paris committee informed of the irruption of any and every infectious or contagious epidemic likely to spread through commercial intercourse. The committee then takes the proper measures for quarantine, and sees that every vessel coming from that locality is provided with a clear bill of health. Thus the importation of disease is timely prevented. 2d. A bureau for the organization and supervision of all the boards of health of the nation. 3d. A bureau of epidemics and endemics, whose duties are to study and suggest the means for their

prevention or abatement. 4th. A bureau of sanitary police. 5th. A bureau of industrial and professional hygiene, having in charge trades and arts injurious or dangerous to life. 6th. Sale of food and drink—to prevent adulterations and the sale of unwholesome articles. 7th. The practice of medicine and pharmacy—to prevent charlatans from imposing upon the credulity of the ignorant, and the putting up of recipes by incompetent pharmacists or their assistants. 8th. Mineral waters—to make their analyses, and declare in what diseases they might be useful, so as to prevent the deceptive advertisements of the proprietors of the same. 9th. Veterinary practice. From this great council emanates all the sanitary laws, rules and regulations of the land. This committee, however, is only advisory; but upon its suggestions and recommendations the government enacts the laws that regulate the nation.

In England they have a "General Board of Health" in the Department of the Interior, at the head of which is a so-called Officer of Health, or the Health Officer to Her Majesty's Privy Council. Through this board Parliament is advised of the sanitary condition of the country, and made acquainted with the measures required to improve the health of the same.

These systems, more or less modified according to the forms of government, are adopted by all the nations of Europe. Even Japan is creeping up with this sanitary progress, having instituted an Imperial Board of Health. The members of this board visited our country last year for the purpose of investigating our sanitary methods. They were very much impressed with the thoroughness of the work in Boston and New York, but particularly in Washington. They returned determined to organize throughout their empire local boards of health subordinate to the Imperial. We have heard from them since their return, and they are at work in earnest.

The individual does not concern himself with the duties of the masses, hence these organizations are necessary. I know that there exists some distrust among the physicians of our school regarding these boards of health. They seem to fear an intrusion on the part of these boards upon their rights. When this question is sufficiently studied, however, this anxiety will prove to have no foundation in fact. I have no doubt—I know, indeed—that men, under the plausible title of boards of health, have arrayed themselves against the practice of homœopathy, but these are they who labor under

defective legislative bills, and it behooves the homœopathic physicians to see that bills creating boards of health are not defective or vicious in their intent. When bills pass a legislative body containing clauses discriminating in favor or against any mode of practice, I know that homœopathic physicians have been recreant to their duties. There is no country in the world where civil rights are so jealously guarded as in this blessed country of ours, and homœopathic physicians have only to be watchful and energetic in antagonizing any and every measure operating against their own rights, to find but few representatives who will dare to indorse an encroachment upon their rights as citizens and professional men. I never had any difficulty in getting to the willing ear of legislators, where my personal rights or those of my profession were invaded or ruthlessly cast aside. But, gentlemen, the elements of failure are in our own ranks. It is pitiful to see disputations arise in our midst as we stand confronting the enemy. We have the sad picture of Michigan before us. That noble State has done its duty; the homœopathic physicians have not done theirs. I cannot *qualify* here, although noble men have stood invulnerable when others have skulked or created confusion. Intelligent men know whom to blame and whom to praise. The rent that took place in the homœopathic files in that State was not done by the enemy's projectiles, but by the egotism and selfishness of our own men. While lovers are quarrelling, Mephistopheles is brimful of diabolical laughter. Whenever a homœopathic physician declines to labor in the interest of our profession, whenever he becomes fractious and speculates on his own chances, spot him; he is a black sheep in the fold. There are those among us, also, who, satisfied with their share of public patronage, never contribute by an act or by a word to the advancement of our profession. These "dogs in the manger" should be driven from the fellowship of those who love their profession not only for the benefit it brings to themselves, but for the great good of the whole confraternity and of humanity.

Hygiene is the science that has relation to the prevention of disease. To comprehend hygiene, it is requisite that the hygienist be learned in all the causes that disharmonize the functions of vital organs or disturb the human economy. The atmosphere should at once demand his careful attention, for from the atmosphere nothing can escape; without atmosphere the animal and vegetable kingdoms must perish. But the atmosphere varies sometimes in accordance with physical laws

and astronomical events, sometimes by accidental causes. The temperature is of importance, for a transition from extreme heat to cold, and *vice versa*, constitutes sudden forces, modes of motion that are dangerous to the tenuity and normality of the action of membranes and organs; dry and moist atmosphere, atmospheres in different degrees of motion, all tend to increase or decrease molecular force in our body; hence pure atmospheres, and atmospheres holding in suspension mephitic gases, fungi or infusoria play a great part in the maintenance or destruction of life. It may be said, and with truth, that nine-tenths of all the causes producing disease are found to exist or are carried in the atmosphere we breathe. As fish inhale and float in water, so we inhale and float in air. The quality of water has certainly relation to the life of fish; polluted water kills the fish, polluted air kills man. What pollutes air, then? Every mouth that breathes, everybody that inhales, all animal and vegetable matter in a state of decomposition, the home fire, the burning candle, and a thousand and other things pollute the air. People gather in towns and cities, but they do not go alone; horses, cows, hogs, poultry, dogs, cats, etc., are brought with them to assist in the great struggle for existence. Every such animal, man included, is a nuisance *per se*. But to this must be added also their daily avocations, their trades and manufactures, as rendering of fats, boiling bones, making glue, gas, slaughtering animals, etc., etc. Every such animal and every such occupation increases filth that accumulates in streets, alleys, vacant ground and cesspools. If you add to this a moist undrained soil, you have the foundation of every disease that humanity may be destroyed by. These are the causes that induce zymotic diseases and that swell the general mortality from twenty-five to thirty per cent. independently of epidemics. In the towns of Asia and Africa, where people are congregated in narrow areas, where drainage is not known and filth is cast on the highways, where water is scarce or neglected, where houses are damp and ill-ventilated, germs of disease not only find a pabulum but a condition most favorable to fermentation and reproduction. From these regions came the most fatal epidemics that alarmed Europe.

The supply of water is another very important department of hygiene. Man needs this agent for nutrition and for cleanliness; it should be plenty and pure. Deleterious substances in water may be even more dangerous to human life than deleterious substances in the air. England in her self-sufficiency, and engaged largely in manufacturing, had lined her streams

with mills and turned the offal of the towns into the rivers, and in the course of time she had polluted her potable waters. A cry of despair went up, and the sanitarians were requested to correct the evil. Untold millions were spent to purify the Thames and other rivers; immense waterworks were constructed to carry water from remote and healthy sources; enormously expensive filter-beds were laid, and a great channel was built into which is pumped the sewage water of London. So the disregard of sanitary science has cost England many millions of money and many valuable lives.

That majestic river that carries industry and commerce through many of our fertile States, the Mississippi, would soon become a cesspool and a source of evil if its banks should become covered with a people that its very utility attracts, and the offal therefrom should be cast into its channel. The streams of New England, whose banks swarm with an industrious and advanced people, would be depopulated and deserted if the denizens had not found means to bring unpolluted water to their towns. It is also a debatable question whether the expensive sewers that now under-tunnel our modern cities are for good or for evil. Sanitarians are loath to praise the system, for besides polluting the water-courses, and thus extinguishing a most valuable article of food, the fish, communications with the sewers are direct means to carry sewage gases into our dwellings. Mechanics have not been very successful in the total prevention of the introduction of these gases into our streets and houses, for these channels must have ventilation to prevent explosions from pressure, yet every opening so made gives exit to deadly sulphuretted hydrogen, ammonia and carbonic acid gas. The higher the dwelling, the higher the locality upon which it stands, the more exposure to this influx of gases, for sulphuretted hydrogen is lighter than air and therefore ascends to the highest elevations. Moreover, these offals so despised are sources of wealth, and public economy should teach how to utilize them instead of casting them where they can only be a source of danger to human life. Already a great progress is going on in this direction, and I hope that the time is not far distant when every ounce of such excretions and débris will be zealously preserved for the fertility of our fields.

Food is another department of great importance to animal existence. To be useful it must be wholesome and moderate. Persons engaged in this traffic are not so particular as to the excellence as they are as to the price. But few butchers would

bury the carcass of an animal whose meat is found to be unsound after slaughtering; the love of money will hush the pangs of conscience, and diseased meat is found exposed for sale on the vendor's shambles. The inspection of all markets is an imperative duty of sanitary authorities. In the city of Washington, where boast is made of the excellence of the markets, the Board of Health has in the last five years condemned and destroyed 122,601 pounds of various meats, 8114 chickens and birds, 28,691 bunches of fish, 28,479 bushels of oysters, 188,000 clams, 171,390 crabs, many tons of vegetables, and many hundred barrels of eggs, etc., as unfit for food, which but for its vigilance would have found their way into the stomachs of our people.

Another very important department connected with sanitary science is the registry of vital statistics. In the concise words of a registrar: "The practical result of this registration and the rules of its departments is to place under immediate observation the number of deaths occurring in a given district, the cause and locality of each, enabling the sanitary board to arrest the spread and progress of epidemics, endemics, contagious or infectious diseases, and promptly abate existing causes of preventable maladies, the preservation of records for testamentary evidence, and to bring all cases of death under immediate official observation for the prevention and detection of crime. To secure this, a mandatory law is necessary, for physicians and undertakers often neglect to make the proper returns. Our experience in our city was that at least thirty per cent. of the dead were not returned under the old system. But we petitioned Congress for a law forbidding the burial or disinterment of bodies without a permit from the Board of Health. The law was enacted, and since then we are able to account for every dead person in the District of Columbia. It was mortifying to our pride as a board and as citizens not to be able to furnish persons and foreign governments with records of deaths for testamentary evidence.

"No well-regulated community can afford to thus disregard the interests that are involved in questions of inheritance. Yet to-day there are not half a dozen cities in all the United States where a perfect registry of vital statistics is kept. These records are not only valuable in the prevention of local diseases, but in the comparative statistics that lead to the knowledge of the healthfulness not only of cities but of States and of countries."

All the above duties devolve upon sanitary authorities or the so-called boards of health. Boards of health, to be useful, must have the authority of law, and be independent of local legislation, for those who are affected by the wise provisions of these boards, either in their interests or their peculiar sense of individual rights, throw all the obstacles in the way of the exercise of these boards' prerogatives. Members of boards of health should be men of science, of independence, free from all prejudices, religious, political, or medical; they should be learned humanitarians, whose sole aim is the preservation of human life.

Homœopathic physicians, hygienists by virtue of their peculiar practice, should not fear boards of health. For six years I have stood alone in a council of four allopathic colleagues, two of whom are physicians. I have been their Secretary, their Health Officer, and I am now their President. I have had my struggles, and greater than you even can imagine, but I would not have the rights of my profession trampled under foot, and I fought until I won. In the State of New Jersey, the homœopathic physicians would submit to no chance of evasion, and demanded that it shall be explicitly expressed in the law creating a State Board of Health, that at least one homœopathic physician be a member of the same, and they won, and Dr. J. J. Youlin, of Jersey City, was selected and appointed. In Keokuk, Iowa, we have another distinguished member of our school, Dr. Seidlitz, as the President of the Board of Health. So, gentlemen, let us move forward, let us not deery boards of health, hospitals, or asylums, but let us demand a fair representation. Let us work with unanimity; let not that hydra, envy, rise amongst us, and the time will come when we will have conquered a peace, honorable, glorious and everlasting.

CASES OF BRIGHT'S DISEASE TREATED HOMŒOPATHICALLY.

(Compiled from Homœopathic Journals.)

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(Presented to the American Institute of Homœopathy at Put-in-Bay.)

Cases of Bright's Disease, from British Journal of Homœopathy, Vol. XIII, pages 569-574. By Joseph Kidd, M.D.

CASE I.—Granular degeneration of the kidney, with (probable) contraction following pregnancy. General dropsy. Death.

Mrs. H. B——, of Gateshead, of a feeble, delicate consti-

tution, and small, thin frame, aged about 28, was confined with her second child in the latter part of 1852, under most agonizing distress of mind, caused by the unexpected death of her husband a short time before. Not regaining her strength after her confinement, her medical attendant was induced to examine her urine, which proved to be albuminous. His treatment proving of no avail; she was removed to Edinburgh, and placed under the care of Dr. Christison, with no better result. After some months she was removed to a friend's house at Amptill, near Bedford, and sent for me, June 21st, 1852. I found her very emaciated and weak; much depressed in mind; the appetite deficient; her nights disturbed by tickling cough, and urgent dyspnœa dependent on œdema of the lungs; feet and legs much swollen towards evening. The urine collected for twenty-four hours, and mixed, was of a pale color, with light flocculent deposit. Sp. gr. 1010, reaction neutral. Uric acid and urea nearly quite absent. On boiling the urine, a deposit of albumen was collected equal to twelve grains in the fluid ounce. For about one month I treated her with Cantharides, 1st and 3d dilution, under which the proportion of albumen lessened, the urine became slightly acid, and its sp. gr. rose to 1014. Her nights became much less disturbed, and her appetite and spirits improved a little. Soon, however, under renewed anxiety, she got rapidly worse, and the dyspnœa became excessive. I then prescribed Arsenicum, 3, 2, 1, without any benefit; also Nux vom., 3 and 1, for the irritable cough, which it relieved somewhat. She then removed to her mother's house near Berwick, where I subsequently visited her, and found general dropsy rapidly increasing, with total prostration of strength. In this state she lingered for two months under the care of her former family physician, and gradually sank with total break-up of the lungs through miliary tubercle towards the end.

CASE II.—Fatty degeneration of kidney (enlargement). General dropsy. Cure.

Miss O——, of Woodford, æt. 26, of a feeble, relaxed constitution; lymphatic, sanguine temperament. In March, 1852, during the prevalence of cold east winds, was attacked by pleurisy and severe pain across the lumbar region, accompanied with the secretion of thick white urine. She gradually lost the symptoms of pleurisy, but anasarca gradually came on in June, with great prostration of strength. Under skilful allopathic treatment she got worse and worse, till November

in the same year she came under my care. Her limbs were enormously swollen, so that the skin, deeply pitting on pressure, was distended nearly to bursting, and she could, with difficulty, move a step. The integument of the body and chest was also universally anasarcaous. She complained of much general muscular weakness, but her appetite was good; bowels regular; catamenia absent four months. The urine collected for twenty-four hours was of a deep, smoky, opalescent color, sp. gr. 1018, and average quantity 30 to 35 ounces in the twenty-four hours. On boiling a little it became a nearly solid mass of albumen, so as to allow of the test-tube being inverted without escaping. The same also by the addition of nitric acid. Under the microscope blood-globules were visible. For three or four weeks I treated her by Cantharides, but she became gradually worse; the dropsy increased to that degree that she could scarcely leave her bed from the enormous size of her limbs. Disheartened at this result, I reflected long and anxiously on the nature and treatment of her disease, with the result before mentioned of selecting Terebinthina. This I accordingly prescribed in the dose of four drops, three times a day, of the pure spirit (occasionally for a few days the first and third dilutions were substituted). The most marked improvement resulted. The specific gravity of the urine became higher, the quantity of albumen lessened. The dropsy steadily decreased as the amount of urine increased (from 30 to 45, 50, and eventually to 60 ounces), and her strength and activity soon surprised all her friends who had given her up as hopelessly lost. The same medicine was continued for three months, and at the end of that time the most careful examination failed to detect albumen or blood-globules in her urine, which was then perfectly transparent, of a clear amber color, and its specific gravity 1030. Every vestige of dropsy was removed, and the catamenia appeared, with perfect restoration of health and strength, in which she continued up to the last time I saw her, nearly two years afterwards.

CASE III.—General dropsy, dependent on degeneration (probably granular) of the kidney. Cure.

Capt. Thomas S—, of Bridgenorth, æt. 59. Bilious temperament, deep sallow complexion, and of a family in which kidney disease carried off several members about his age. Given up as hopeless by the allopathic physicians of Bridgenorth, he was, with difficulty, moved to his mother-in-law's house at Croom's Hill, Greenwich, to try what homœ-

opathic treatment could do for him. The morning after his arrival (10th of May, 1854) I found him, after a night of much suffering through dyspnœa, propped up in bed, scarcely able to breathe, with his legs and body œdematous, the entire posterior inferior region of the right side of chest perfectly dull on percussion, and in the upper and middle parts moist crepitating râles. The same on the left side, but to a slighter extent. The heart's action muffled and indistinct. On the least exertion, or on lying down in bed, sudden faintness and oppression of breathing came on. His tongue was dry and red, and the bowels constipated; no appetite; extreme prostration of strength and lassitude. The urine was abundant (three or four pints in twenty-four hours), of a pale color, specific gravity 1010, reaction neutral, freely coagulated by boiling or nitric acid. Under the microscope, broken-down blood-disks were seen entangled in casts of the tubuli uriniferi; also epithelial scales of irregular forms mixed with stringy mucus. The history given me was that his constitution had been severely tried in India and at home by enormous quantities of Calomel, and by various accidental falls; that for years past he was accustomed to pass bloody urine, and in January, 1854, after a severe kick on the loins from his horse, bloody urine was passed with severe aching pain across the loins. He was confined to his house at Bridgenorth, under the care of two allopathic practitioners, for four months, during which dropsy came on and gradually increased, notwithstanding the most vigorous treatment, including the free use of Calomel and of warm baths. Being the second case of dropsy with albuminuria which occurred in my practice, after the cure of Miss D—— by Terebinthina, I immediately prescribed it in doses of three or four drops, three times a day for a few days. This dose, causing bilious diarrhœa (although in the old system he required very large doses of Calomel to operate on the bowels), was changed to *one drop*, and continued for three months, twice a day (occasionally substituting the 1st and 3d decimal dilutions), and with the most rapid improvement. All dropsy was gradually removed; the breathing became good; appetite and strength increased; bowels acted regularly once a day, and about the 28th of June he returned to Bridgenorth, to the astonishment of his former medical attendants and his friends, as well able to walk as ever, and in perfect health. In May, 1855, he called on me in London, and reported "that he had continued in perfect health, able to hunt and go about in the coldest weather till a fortnight

ago, when the stomach getting deranged, he had foolishly allowed his old allopathic surgeon to give him smart doses of Calomel for a few days, which upset his general health, and his limbs became a little œdematous again." Under the Terebinthina, one drop night and morning for ten days, he became again quite restored to his usual activity and strength.

The cure in this case I do not regard as permanent, for upon careful examination in May, 1855, I found the urine still albuminous, and of low specific gravity (1010 to 1012). The patient and his friends regarded him as completely cured, which to all external appearance he was.

CASE IV. Granular degeneration of the kidney (contraction), following prostatic enlargement and stricture. General dropsy; death.

In the autumn of 1853, I was consulted by G. F.—Esq., of New York, aged 50, for symptoms of gradual enlargement of the prostate gland, accompanied by painful contraction of an old stricture that had been operated on six years before (by the late Mr. Stafford), during which interval it seemed to have been cured. Struck by the general exhaustion and irritability of nervous energy, I requested him to collect the urine for twenty-four hours and bring me a little. It was pale, opalescent, like freshly made whey, and of specific gravity 1014. On standing, it deposited much flaky débris, which even to the naked eye was seen to contain casts of tubes. Boiled, a fine granular deposit slowly fell down (increased by addition of nitric acid). Under the microscope much epithelial débris of the bladder and prostate was seen. In addition to the urinary symptoms he complained of irritability and depression of spirits, indisposition for muscular exercise, dryness and yellow fur of the tongue in the morning.

I gave a gloomy prognosis, and to his friends expressed the opinion that he was suffering from the most intractable form of Bright's disease, dependent on granular degeneration of the kidney, and that dropsy was inevitable, and most probably at a later stage would cause serous apoplexy.

Notwithstanding the most careful general management and the persevering use of Cantharis, Terebinth., and Nux vom., the frequent irritation to pass urine increased, and the proportion of albumen increased also. Becoming gradually weaker, œdema came on about the legs. Ferrum sulphuricum, China, Phosphoric acid, were successively prescribed without any permanent effect. In the winter of 1854-5, he suffered sadly

from the cold weather. Cramps and rigidity of the muscles, with neuralgic pains, disturbed his sleep. These symptoms were easily relieved by Cuprum aceticum, 1st dil. or the 2d, but not by the 3d dil., nor yet by Cuprum metallicum, 1st trit.

During the long-continued frost in February, œdema of the lungs came on, obliging him to sleep in a chair. The urgent dyspnoea was unrelieved by Bryonia, Arsenicum, Phosph.

As the specific gravity of the urine fell lower and lower, to 1012, 1010, long-continued fluent coryza and slimy mucous expectoration increased, although the general state was never benefited by Nitric acid. In March and April constant vomiting after all food came on (palliated by Ipecac. and China). With this complication of suffering he now determined on a voyage to America, and in May reached New York, but in a few weeks gradual insensibility came on, and he died placidly in his chair, most kindly attended by Drs. Gray and Warner.

Cases of Bright's Disease, from British Journal of Homœopathy, Vol. XIV, p. 9, et seq. By William Henderson, M.D.

CASE II.—Recent disease of the kidneys cured by turpentine.

M. F., a girl, aged six years. She had been affected with scarlet fever in the ordinary way in March, 1855, and had recovered in the most favorable manner, without any urinary disorder having followed, as was ascertained by attention to the character of the secretion during the period of convalescence and desquamation. Towards the end of April whooping-cough occurred, in a smart enough but not severe form. She was removed to the country in the end of May. The whooping-cough gradually disappeared during the summer, and the child appeared tolerably well, though she never quite regained the look of health she had had previous to the fever. About the middle of August, she had a somewhat lingering feverish attack, with obscure symptoms of pleurisy, and from that time till the illness described in the sequel attracted notice, she was pale and delicate-looking, though able to be out of doors and taking her ordinary food by the second week in September.

On the 23d of October, her face was observed to be considerably swollen, while it retained its previously pale color, and it was then remembered that for several days before she had appeared fatter in the face than she had been since spring. The more decided swelling noticed on the 23d was then, and

for three days after, ascribed to a cold with which she was affected, but as it increased, instead of diminishing, and was particularly remarkable about the eyelids, I made inquiry on the 26th regarding the state of urine.

About five ounces had been passed in the course of the afternoon. It was of the color of small beer, and had deposited a dingy brownish sediment in moderate quantity. Its specific gravity was 1013; and it coagulated very considerably by heat, somewhat less so by nitric acid and alcohol. The sediment exhibited under the microscope blood-corpuscles, glandular epithelium in great abundance, and a few fibrinous casts of the tubes. There were also nucleated cells containing granules, and much smaller than the epithelium cells. Pulse 80, of moderate size and force. No pain anywhere, and no complaint but of being tired. It could not be learned with certainty how long the altered color of the urine had existed, but it had attracted the particular notice of the attendant on the 20th instant.

A warm bath was ordered, and Aconite, No. 1, in alternation every two hours with a teaspoonful of a mixture containing four drops of Spir. terebinth. to two ounces of fluid. The first dose of the latter at 8 P.M.

27th.—Passed no urine since bedtime yesterday till four this morning, soon after the third dose of Turpentine. It amounted to five ounces, was paler, and had a little brownish sediment; was of specific gravity 1012, coagulated less abundantly, and had very perceptibly the odor of violets. Altogether the quantity of urine during the twenty-four hours, ending at 10 A.M. to-day, amounted to about fourteen ounces.

On visiting at half-past five P.M., I found that since 10 o'clock in the morning, altogether two ounces and a half of urine had been passed, and at five different times; the last (or fifth) dose of Turpentine having been given at noon. This urine was of density 1020, and a little more strongly coagulable (more so than before), the flocculi being very dingy, and the fluid itself of a reddish hue. Pulse 84. Hands hot; no pain. Has had no Aconite since early morning.

Conceiving that an aggravation of the disease had been caused by the Turpentine, I gave a drop of the common chloroform solution of camphor, and recommended soon afterwards Aconite No. 2, to be given every hour till midnight, and a warm bath at 7 P.M.

The next specimen of urine, amounting to $2\frac{3}{4}$ ounces, was passed at half-past eight in the evening. Its density was

1016 ; it coagulated decidedly less, was of a palish cherry-red, and quite clear. It had no violaceous odor, while the last urine had it very faintly. She had perspired some, and the pulse was 76. Aconite 2, every two hours.

28th.—At six this morning passed at once, and the first time since last evening, six ounces of urine, and one ounce an hour after. Density 1017, and coagulability inconsiderable; the flocculi on subsiding made only one-ninth of the contents of the test-tube, while those of the urine passed yesterday afternoon amounted to one-fifth. A brownish-red sediment subsided from the urine, of the same microscopic characters as formerly. Pulse this morning (8 o'clock), 72. She perspired pretty freely part of the night. Bowels have been moved naturally. Swelling of the face has been gradually decreasing and is now almost gone.

At 10 A.M., having breakfasted an hour and a half before on weak tea, bread and butter, passed three ounces of urine, pale, with a faint dash of pink; density 1006, without a trace of albumen, and without odor. Altogether fourteen ounces of urine had been passed in the twenty-four hours.

Between 10 A.M. and half-past eight in the evening, when the last quantity was made, nearly six ounces of urine were passed, and at four different times. The density varied from 1017 to 1018; the color was mostly of a smoky-amber, and the coagulability feeble—one-eighth to one-tenth of the contents of the tube. Aconite had been continued.

To take at night one dose of a solution of Turpentine, containing $\frac{1}{4}$ th of a drop of the essential oil, and during the night Aconite 1, every two hours.

29th, 10 A.M.—About 6 A.M. passed $4\frac{1}{2}$ ounces of urine; of density 1020; color, darkish smoky-amber; very moderately coagulable; the albumen on settling making one-eighth of the contents of the tube. Perspired very little. A little swelling of one eyelid. Pulse 74. At 9 passed $\frac{1}{2}$ ounce of urine, clearer, and lighter in color. Density 1016, slightly coagulable, and of strong urinous odor. Got another dose of Turpentine, at 8 A.M., of the same strength as the last. Urine of last twenty-four hours 12 ounces.

8 P.M.—Has passed seven ounces more of urine, and on two separate occasions. Density of the first 1020, of the last 1015; color lighter; coagulability slight in both, and but a very few blood-corpuscles, a good deal of epithelium, and only a few shreds of casts. Bowels regular. Pulse natural. Aconite, 1st decimal, every four hours.

30th, 10 A.M.—Between 6 and 7 this morning passed eight ounces of urine at once, of nearly natural color, though paler and somewhat opaque, and depositing a brownish sediment. Density 1020; albumen scarcely occupies $\frac{1}{8}$ th of the tube. At half-past 9 passed two ounces more, of density 1019, and not affected by heat or nitric acid. The quantity in the last twenty-four hours is seventeen ounces.

10 P.M.—Urine in the course of the day five ounces and a quarter; density from 1016 to 1018; slightly coagulable; same color as last; a little dingy sediment; no swelling of face; bowels regular; has had no medicine all day; pulse 80.

To have $\frac{1}{8}$ th of a drop of Turpentine now, to be repeated in six hours. Two doses of Aconite, 1st decimal, between.

31st, 10 A.M.—At 4 A.M. passed 7 ounces of urine, of nearly natural color and odor, depositing a little brownish sediment, redissolved by heat; density 1020; coagulability feeble. At 7, three ounces more, same color; density 1018, merely hazy by heat; perspired freely in the night; pulse 72; urine of last twenty-four hours above fifteen ounces.

Repeat the dose of Turpentine. Between this time and 7 in the evening passed ten ounces of urine. The first specimen, amounting to six ounces, occurred an hour and a half after the dose of Turpentine, was pale sherry-colored, transparent, of density 1010, and unaffected by heat or acid. Two hours after two ounces were passed, of density 1010, darker than natural and smoky-looking, and slightly coagulable.

Another dose of Turpentine was given at half-past 4, and about two hours after an ounce of urine was passed, at two separate times, a little ruddy in color, and though but moderately coagulable, still more so than any specimen during the day. The Turpentine was now finally omitted, and Aconite 2 was ordered for two or three doses during the night.

November 1st, 10 A.M.—At half-past 1 A.M., six and a half ounces of urine; density 1017; color almost natural, a little less yellow, and slightly smoky; hazy by heat and not cleared by acid; a light brownish sediment. At 7 o'clock, four and a half ounces more; density 1018 and very slight haze by heat. Microscopic examination discovers no casts; a good many globular, nucleated cells, about twice the size of blood-globules, and containing granules (probably inflammation cells, or altered glandular epithelium—these bodies were noticed in former specimens also); glandular epithelium of ordinary appearance pretty abundant; a very few blood-cor-

puscles, and a little pavement epithelium. Urine of the last twenty-four hours, twenty-one ounces. Pulse 72. Bowels moved spontaneously three times, and stools of natural appearance.

In the course of the day eight ounces more of urine were passed, of density from 1016 to 1020; of same color, and hazy by heat. Had Aconite three times. Omit medicine. A warm bath as usual at night.

2d.—Early this morning passed at once eight ounces of urine, of density 1019; clear and pale-yellowish in color; a smoky brownish sediment in small quantity, consisting chiefly of glandular epithelium—ordinary aspect, and no casts; not affected by heat or acid. Altogether sixteen ounces in twenty-four hours. Eleven ounces more were made in the course of the day, of same density; slightly hazy by heat, and not cleared by acid.

3d.—Between early morning and night made nineteen ounces and a half of urine. Density 1020. The slightest opalescence by heat. Bowels a little loose, and tongue foul. *Mercurius solubilis*, 3d decimal, every four hours.

4th.—At half-past 7 passed at once twelve ounces of urine; the clearest and most healthy-looking yet observed; a palish yellow without trace of dinginess; no sediment; density 1019; no effect by heat or acid. Bowels and tongue improved.

During the day passed sixteen ounces of urine more; density 1018; some yellowish sediment; a haze by heat, dispelled by a drop of nitric acid. The *Mercurius* was continued; omitted in the evening.

5th. Urine twenty-four ounces; density 1019; clear pale-yellow color; no effect by heat or acid; a little yellowish sediment. Has been out of bed most of yesterday and to-day. Tongue clean. Bowels regular. No medicine. Farinaceous food, as formerly.

During a week longer that the urine was regularly examined, its quantity amounted to twenty-six or twenty-eight ounces daily; the density continued steadily at 1020; no trace of albumen was discoverable, and the color gradually improved to the clear yellow of health.

The last report is dated the 23d of November, and is to the following effect: Urine twenty-three ounces in the last twenty-four hours, perfectly healthy in appearance; density 1018; no sediment of any kind, and no albumen. She is looking well, though pale, and has had animal food daily for a week past.

At present (3d December) she continues well in every respect, and has gained flesh and color.

CASE III.—Disease of the kidneys, with great general anasarca, ascites, and hydrothorax, cured by Arsenic.

On the 17th of July last I was requested to visit a boy between 9 and 10 years of age, at a distance of fifty miles in the country. I found him in the following condition: The face, body and extremities were anasarcaous to the utmost degree; the abdomen was also distended by a large peritoneal effusion, and the right side of the chest was two-thirds full of fluid, as evinced by dulness of percussion and absence of stethoscopic sounds over that extent. His breathing was accelerated and short, yet he could lie down in bed; he spoke like one in want of breath, as in fact he was, though he was cheerful, and did not complain of suffering from his breathing. The urine was reported to be very scanty, and the specimen that had been preserved for examination appeared clear, pale, and coagulated very strongly by heat. The bowels were loose four or five times a day, and the pulse was 100.

The history of the case was this: About the beginning of May, or the latter part of April, 1855, a servant had noticed the boy somewhat swollen about the body and limbs, though how long the swelling had existed could not be ascertained, as he was very desirous of concealing his ailment. In consequence of his injunctions to let no one know of his illness, the attendant did not mention it till the 16th of May, at which period the swelling had increased so as to alarm her. The family medical attendant, a highly intelligent allopathic surgeon, saw the boy on that day, for the first time, under this disease. The usual means were employed, but without any effect, the dropsy continuing to increase, and the urine to become scantier. For five or six weeks matters went on in this way, the disease and its effects advancing unchecked by the expedients which were employed; and on the 28th of June Dr. Christison, of this city, was sent for. The boy had the advantage, therefore, of the most enlightened allopathic practice, but all in vain; the dropsy increased, the urine did not,—to use the language of the family surgeon, “Nothing that we could think of ever touched the case.”

With such a history, and with the very grave symptoms that were present, I felt very little hope that anything I could suggest would produce a material effect on the disease. Arsenic occurred to me as the remedy most likely to be of ser-

vice, if anything could be of service, and, partly because I had come unprovided with any of my own, partly because I was desirous of enlisting as much as possible the earnest perseverance of the allopathic medical attendant in the superintendence of the treatment, I recommended the arsenical solution of the old school to be employed, in the dose of one drop three times a day. (Each drop contains a fifth less of arsenious acid than a drop of our *Arsenicum album*, 1st dilution, does.)

August 25th. On the 7th inst. the family surgeon wrote to me stating that the boy continued much the same, though his friends thought that the urine was increased in quantity. He stated also that a friend of the family, a homœopathic physician, had advised the trial of another medicine, which I was requested to send if I thought proper. I did send the medicine in question, and heard no more of the case till to-day, when the surgeon writes me in the following terms, the letter being dated the 24th: "I am happy to be able to report a total change in the case of ——. Shortly after I wrote you we observed he was passing a little more water (in the first letter he said this had been observed previously), which steadily increased to a full flow. At the same time the quantity of albumen steadily decreased, and now there is no trace of it in the urine. All swelling has disappeared, and he is now pretty well, but very much emaciated. I gave him your medicine (that is, the medicine last sent) for two days, but finding he did not do so well, I returned to the Arsenic." I now advised all medicine to be stopped, and generous diet allowed.

Oct. 6th. I learn from a relative of the boy that he is perfectly well, and "looking better than ever he did."

26th. He is reported to be continuing quite well. A specimen of the urine sent to me is of the usual healthy color; of density 1018; becomes slightly hazy by heat, and is immediately cleared again by a drop of nitric acid; the haze therefore is from the phosphates.

British Journal of Homœopathy, Vol. XVI, page 498, et seq., gives the following case, taken from Reports of the Leopoldstadt Hospital, in the *Austrian Homœopathic Journal*.

Julia Latol, 34 years old, a charwoman, generally enjoyed good health; menses normal, and had favorably passed through the first confinement two years before. Three months

ago she miscarried, and flooded profusely. This was succeeded by a four weeks illness, stated to be typhus, from which she had already recovered so far as to attend to her domestic affairs and return to her ordinary coarse diet. She then perceived a swelling on the instep and heels of both feet, for which she consulted a physician, who assured her that it was nothing more than weakness left by typhus. As she only grew worse, and found much difficulty in walking, she rested herself in bed and took juniper water, when after some time, according to her own account, she perfectly recovered.

On the 8th of March, she journeyed towards Vienna in search of employment, and was seized on the road with violent colic, nausea and diarrhœa, in which state she was brought to our hospital immediately on her arrival at Vienna.

Status præsens.—She is a powerful, robust woman. The temperature of the skin unequal; head hot; extremities cold; face slightly red; pulse 90; spleen enlarged; abdomen tympanitic; slight effusion in right iliac region; very frequent watery stools. The patient complains of abdominal pains, confusion in the head, ringing in the ears, is few-worded, drinks much, and complains especially of a feeling of lameness in the lower extremities. As no particular causes for these symptoms could be discovered, the case was provisionally considered to be typhous, and Acid. phosph., 6th dil., was prescribed.

Eight days passed over, the patient being at one time better at another worse; other remedies were used, and at last Arsen. The diarrhœa was certainly less frequent, and the abdominal pains not severe, but the feeling of lameness still remained.

The last symptom caused us to repeat the examination of the extremities, when we found an œdematous swelling on the left foot, extending up the thigh to the hip-joint. On chemical examination of the urine the latter was found to abound in albumen.

The œdema of the legs and the great exhaustion of the patient required the further employment of Arsen. in 6th dil. Although the great power of this remedy, especially in dropsy, has often been proved, yet it was not of any value in this instance. The œdema continued to increase until it reached the false ribs. On the succeeding days, besides the increasing swelling, ascites made its appearance, with some slight effusion in the thorax. The disease progressed until the 30th of March, when the whole body was swollen; the patient could

scarcely sit upright, and exhibited the well-known cachectic, leucophlegmatic, stupid appearance; the skin was dry; she was sluggish and sleepy; had frequent calls to urinate, especially at night. In addition to the diarrhoea, which had existed all along, she now had vomiting of a greenish fluid, with frequent shiverings in the intervals. The characteristic swelling, so evident to the eye, combined with the albuminous urine, obliged us to depart from our first diagnosis, for the symptoms undoubtedly indicated morbus Brightii.

Prognosis.—The disease having existed so long, and having attained to a high degree of development, and accompanied with so much organic disorder, ascites, effusion in the thorax, dyspepsia, the constant diminution of the urine in quantity, as well as its abundant albuminous contents, the supervening sopor, and the general appearance, forced us to an unfavorable prognosis.

Therapeutics.—The most useful medicine against dropsy is Arsenic, which experience teaches us has great influence over the abdominal organs, but particularly the spleen and urinary organs. Its action on the latter organs is shown by nephralgia, dysuria, enuresis, paralysis of the bladder. In the examination of individuals poisoned by Arsenic, the spleen may be seen congested, and its tissue soft and easily broken down; 2. *China*, whose action on the liver and spleen is well known; 3. *Iodine*, which gives rise to marked symptoms of the spleen; and finally, 4. *Aurum muriaticum*, which from frequent observation has proved to be a very powerful remedy in secondary affections of the abdomen.

In the present case Arsen. was continued, but was prescribed in the 3d trituration; still no important improvement followed; the urine continued to decrease in quantity, and the albumen to increase. A comatose condition now supervened. We laid aside Arsenicum, and ordered Aurum muriaticum of the 6th dil.

Within a few days the powerful action of this medicine was shown in a surprising manner. The digestive powers soon improved by its use, sickness and nausea stopped, the urine gradually lost its albumen and increased in quantity, while the anasarca was continually on the decrease.

In the course of five weeks all traces of albumen had disappeared in the urine, and the patient was dismissed so well that she was able to return to her usual employment.

Thus, in this severe case, was the truth of the homœopathic law brilliantly confirmed.

In the *N. A. Journal of Homœopathy*, vol. iv, is an article by Dr. J. C. Peters, in which three cases are given which were treated with Bichlor. hyd. and Tr. cinch. with removal of all bad symptoms except the albumen, which remained. Also in the same article (page 226) a case by Dr. W. Reil, from *Clinical Journal of Homœopathy*, April, 1855, as follows :

CASE 5.—Albuminuria with ischias-postica, cured with Colocynth.

A slender woman, aged 34, was taken sick in August, from exposure to cold and wet, with rheumatic pains in the loins, which soon centred in the left hip-joint, but also extended down the whole leg, rendering walking and lying down impossible; she could only maintain a sitting posture, somewhat inclined to the right.

She was first treated allopathically, with leeches, blisters, mercurial and iodine ointments, turpentine, repeated emetics, and hydriodate of potash.

Four months afterward she came under homœopathic treatment. The left leg was enormously swollen and œdematous, the skin red and shining; about the ankles and knee-joints it seemed as if the skin would burst; the swelling also extended over the left thigh, but was not so tense nor so red. There was a permanent violent pain at the exit of the ischiatic nerve, extending upwards through the glutei muscles, lower part of the loins and side of the abdomen; also downwards along the ischiatic nerve; the pain was deepseated and very intense.

The right leg was somewhat swollen as high as the knee. Every motion was painful and almost impossible, so that the patient had spent two months in the above-described sitting posture, both night and day.

There were pressure and pain over the left kidney; urine scanty, turbid, brownish-red, and contained much mucus and albumen.

Constipation, with stools only every four or five days; appetite poor; some fever; almost entire sleeplessness; emaciation of the whole body; occasional œdema of the face.

Treatment.—Tinct. colocynth, five drops four times a day; in three days there was a slight but perceptible increase of urine, which was not so turbid, but still contained much albumen; no relief from pain, which was still very violent. Veratrin ointment (1 grain to the 5j) was applied externally twice a day, and the Colocynth increased to eight drops per dose, four times daily; at the end of four days more the pain

had entirely subsided; urine abundant, yellowish, clear, but highly albuminous; œdema somewhat less; stools every two days; the patient complained so bitterly of the taste of the Tinct. colocynth that it was given in tinct. orange-peel.

During the first fourteen days of homœopathic treatment the cure progressed slowly; the albumen then commenced to disappear from the urine; stools occurred almost daily, and were soft, although not diarrhœa-like; sleep was good; appetite commenced, and fever abated; the left leg only was œdematous from the knee down. The patient was ordered to move about, with some increase of pain; an excessive flow of urine now commenced, and completed the removal of all the œdema in eight days more, or about three weeks in all.

Under the continued use of Colocynth the albumen gradually lessened, and in seven weeks from the commencement of homœopathic treatment it had entirely disappeared, and the patient might be considered cured.

In the *Philadelphia Journal of Homœopathy*, Vol. I, page 323, is given a case of albuminuria, by Dr. Panthin of Geneva, from the *Journal Gallican*, II, 452.

After having been exposed during the month of November, 1850, to a storm of rain for some hours, I experienced several morbid sensations, the principal of which were chills, momentary accessions of fever, debility, anorexia, loss of sleep, etc. I paid but little attention to them, and went on as usual. On the 3d of December following, I was officially obliged to visit a very elevated point of the Jura, for the purpose of examining the body of a keeper who had been found assassinated in the woods. It was cold and damp, and the mountain was immersed in a very thick fog, through which I walked for several hours to reach the spot where the body lay. We stayed there a considerable time, long enough to examine all the surroundings of the place that might by chance throw any light upon the circumstances of the crime, and to construct a litter of branches and leaves for the purpose of transporting the body to Crozet, a village at the foot of the mountain. While on the road thither, the guide stepped upon a rolling stone, and in the violent efforts which he made to save himself from falling, struck me a severe blow with his elbow in the left side. I felt an acute pain in the place, but was able after a few minutes to resume our way, and arrived at Crozet, where I spent several hours of a cold damp night, in an ill-sheltered spot, engaged in the post-mortem examination.

From that time I began to suffer in the left side of the ab-

domen; some of the injured glands of that side swelled and became painful, while the region itself became somewhat swollen; a little œdema appeared on the left leg and foot, especially in the evening; loss of appetite; stools softer and more frequent, with less color; sleeplessness; night-sweats, producing no amelioration; irritable temper; weariness in the loins, especially when ascending. The œdema gradually extended into the left thigh. I had no time to take care of myself, and besides, I had always acted on the principle of bearing all the afflictions sent upon me until they interfered with the performance of my duties. I continued my avocations, although the œdema did not diminish at night even. I took *Merc.* 4000, and my nights became better, as well as my appetite, but without further relief. A repetition of the remedy four days subsequently produced no result, and I was obliged to keep my bed. On the 19th of December I called in my friend, Dr. Panthin, who prescribed *Calc.* 6500, but the diarrhœa and exhaustion continued to increase, and the other leg began to puff. The œdema progressed with considerable rapidity, reached the scrotum, abdomen, and even the upper parts of the body. During the night I experienced anguish and oppression, especially when lying on the left side. I then began to examine my urine; it was deep-red, cloudy, and scanty. Being left to myself, and remembering that some months previously I had observed an epidemic of scarlatina, seven or eight cases of which terminated by anasarca, with oppression and similar urine, which symptoms had disappeared after taking *Phos.* 8000, I took the same remedy. I perceived no other change than the decrease of the dyspnœa, and on the 24th of December, had myself carried to Dr. Panthin's house. My face was exceedingly bloated; the upper eyelids œdematous; pale-yellowish complexion; I could not sit up but a little while before feeling very weary and half-fainting; my eyes were cast down; my memory was perceptibly weakened; I could not read, nor listen to conversation for any length of time without experiencing the fainting feeling I have referred to. I took *China* 300, one globule, then in drop doses for several days, and gained a little strength; the œdema perceptibly diminished for some days, and I could remain longer up without faintness. I was then better when in bed and after eating; but without any very appreciable cause, the œdema of the upper and lower extremities and of the scrotum, the ascites and puffing of the upper parts of the body returned as strongly as ever. The swelling presented

this peculiarity, that in the morning the face was very much swollen and the legs less, while in the evening this was reversed. I now had, also, for some days, when lying down at night, a sensation of anguish and agitation, with a feeling as though I should be suffocated, which obliged me to change my position every instant; my voice was very hoarse, and occasionally extinguished, and one night I thought that *œdema glottidis* was about to terminate the scene. The urine, which had become more copious, was blackish, and deposited a very abundant sediment, looking like a reddish pus; nitric acid threw down flocks resembling the sediment, which redissolved in excess of acid; it was very frothy, and on boiling gave a copious precipitate of albumen. Great flow of saliva for several days. Dr. Panthin prescribed *Merc.* 200; subsequently, *Ars.* 200. The symptoms of the chest diminished, but no remarkable change took place in the anasarca or urine. On the 29th of January, 1851, I took *Kali carb.* 300, and a notable amelioration of dropsical symptoms became manifest. In a few days, however, some of the pathogenetic symptoms of the remedy appeared, such as pains in the chest, and especially about the pericardia, aggravated by inspiration, tearing in the left shoulder-joint, frequent cough,—tormenting me excessively, especially at night,—and finally cough with expectoration like that of phthisical subjects. I then had for some days, almost at the same hour, attacks having the character of intermittent fever, ending in profuse perspiration. I took Aconite to diminish the violence of these attacks.

On the 5th of March I took a fresh dose of *Kali carb.* 300. The anasarca and other symptoms disappeared almost entirely. There still remained *œdema* of the legs at night; the urine deposited a slight, faint-red sediment on cooling, and boiling produced a considerable precipitate of albumen. I had regained my strength, and could even take walks of some length; I continued to be acutely sensitive to cold. During the months of April and May I took several doses of *Kali carb.* On the 12th of April I resumed my business, and notwithstanding the sudden changes of weather peculiar to our climate, have been able to continue it without interruption and without any of the former symptoms, except that a little albumen was always manifest on boiling the urine. For five or six weeks back, however, I have often repeated this experiment without being able to discover the least trace of that substance. I may add that the latter doses of the remedy were prepared by dissolving a single globule of *Kali carb.*

800, in a glass of water, and taking a single dessertspoonful of the liquid. I have several times perceived the effects of this dose for some weeks. A similar dose of *Phos.* 8000 has frequently caused in me swelling of the bones and falling off of the hair in spots, etc.

U. S. Medical and Surgical Journal, Vol. VIII, page 107.
Gunshot wound of the Elbow, followed by Bright's Disease of the Kidneys. By W. D. McAfee, M.D., Rockford, Ill.

Frank S., aged 16, nervous temperament, was accidentally shot in the left elbow, on the 20th of December, 1871, carrying away the outer condyle of the humerus, the olecranon process, and head of the ulna, together with muscles, tissues, and bloodvessels. The case, as it was presented to me eight hours after the injury—the wound filled with buckshot, wadding, pieces of the coat and shirtsleeve, with here and there spiculæ of bone protruding—was bad enough. Stating to the parents that amputation might have to be resorted to, I was informed that they would rather bury him than submit to it. And as the very weak state of the patient, on account of the great loss of blood, rendered it extremely hazardous at that time to operate, I dressed the wound as best I could, removing all foreign substances, and watched results.

The arm was placed in a flexed position, and held in place by a double splint, with a 'steel bow passing from one to the other over the elbow. The case progressed very satisfactorily. I used a dressing of lint, saturated with *Calendula* and *Carbolic acid*. The unhealthy portions of the wound, as well as rather extensive ulcers which came on the under side of the arm, were promptly healed by the application of Beebe's surgical salve. When the wound was partly healed and the patient able to sit up, he was brought from fourteen miles in the country to the city. About this time he took cold. My attention was soon called to the diminished secretion of urine, the puffing of the eyelids, the abdominal enlargement. The test confirmed my fears, for I found I had a bad case of albuminuria. I instituted prompt and indicated treatment, but effected no good with such remedies as *Terebinth.*, *Apis mel.*, and *Merc. corr.* I followed this treatment by using an alcoholic bath or sweat, by conducting the hot air from a spirit-lamp through a pipe beneath the bedclothes. This process sweated him profusely, but did not reduce the immense abdominal enlargement by this time present. The breathing was

short and labored, and the disease was threatening invasion of the cardiac region. I used Dr. Small's prescription, which was *Senecio aureus*, in ten-drop doses of the tincture. This remedy vastly increased the secretion of urine, but did not seem to change its properties, the test showing full forty per cent. of albumen. Yet I felt that my patient was improving, when one afternoon he grew dull and sleepy, with mind wandering, and at 4 o'clock P.M. was taken with convulsions, coming on frequently and terribly severe. They ceased the next morning, he having had *thirty-five* during the night. He vomited vast quantities of, to all appearances and smell, *dark urine*. He rallied for one week, and had *twelve* more spasms. Then two more weeks elapsed, and *twenty-five* more. I consulted several of our best physicians, but received little encouragement. One Chicago physician told me to *bury* him. I was recommended by Dr. Hale to try the Benzoate of ammonia. I first, however, put my patient on Elaterium, first decimal trituration of the solid extract; but few doses were given when the watery discharges from the bowels were simply immense, and in sixty hours quite four gallons had passed off. I now put him on the Benzoate of ammonia, first decimal trituration, with an occasional dose of Elaterium, which changed the quality of the urine, and more rapidly increased the quantity, at the same time freeing it of albumen.

From this time (1st June) the case improved remarkably fast. The first of August he went to Perry Springs, in this State, and at this writing, September 1st, is in perfect health. The arm is entirely healed, the elbow-joint quite flexible, and with a little time and use, will be of considerable benefit to him. I consider this a brilliant cure, and if the treatment pursued will cure such a case in the hands of others, I shall feel that I have accomplished some good in reporting this case.

Query.—Did the gunshot wound cause the albuminuria?

Hahnemannian Monthly, Vol. I, page 14 et seq. Bright's Disease of the Kidneys. By I. D. Johnson, M.D.

Mr. W. P. J., aged 49, dark complexion, of slender stature, carpenter by occupation, and a hard worker. The history of the case is as follows: In the early part of January, 1872, he was much troubled with dizziness, or a sensation of whirling in the head; bruised pain in the region of the kid-

neys when stooping or moving about ; general weak feeling and want of energy.

In the month of March ensuing, commenced passing bloody urine, accompanied with a dull, aching pain in the renal region, and a drawing, cramplike sensation in the direction of the left ureter, extending to the bladder ; urine thoroughly mixed with blood, and voided without difficulty.

He now consulted a homœopathic physician, from whom he took various remedies, which gave only temporary relief from his suffering, while the character of the urine remained unchanged. After pursuing this treatment for several months, he applied to an allopathic physician, from whom he obtained no better results. In September he consulted an eclectic physician who has some notoriety for curing urinary diseases. After examining the urine, he declared that the blood never came from the kidneys, for "if it had," said he, "the patient would long since have died." For several weeks he took medicine from this physician, but grew so much worse, and was compelled to take to his bed and abandon the treatment.

At this stage of the proceedings (November 1st), I visited the patient and noted the following symptoms: The urine consists of a dark-red or blackish fluid, thoroughly mixed with blood, which, after standing, deposits a sediment resembling burnt umber mixed with oil. In decanting, it adheres to the vessel like paint ; at times it is bright-red, and deposits a sediment of pure blood ; at other times it is the color of strong chocolate, with a sediment like brickdust. He passes about three pints of this kind of urine per day, without difficulty, except occasionally much effort is required to expel the first portion, owing to its density. There is tenderness to pressure over the region of the kidneys, and a burning-smarting sensation, as if a hot poultice were applied to the parts ; dull pain in the back ; contractive pains at times in the region of the left ureter, which do not prevent him from straightening the body ; vertigo, particularly when lying quiet in bed ; head feels as large as a half-bushel ; palpitation of the heart, relieved by change of position ; at times, sharp pains in the region of the kidney ; sensation of constriction across the epigastrium ; jerking of the lower extremities at night, so violent at times as to almost throw him out of bed ; frequent shocks through the whole body ; very wakeful, does not sleep five minutes some nights ; much reduced in strength and flesh ; good appetite ; no thirst ; bowels slightly constipated ; stools scanty and very dark-colored ; skin pale and anæmic.

Treatment.—Prescribed Terebinth.⁶, a dose three times a day for a week. While taking this remedy, he passed nearly a quart of clear urine two days in succession; this he had not done before for eight months. Omitted medicine for a week without perceiving any improvement. *R̄. Nat. mur.*³⁰, a dose night and morning.

November 23d. Complains of inability to sleep, particularly in the forepart of the night; pain and stiffness in the back, which compels him to change his position often; urine the same. *R̄. Rhus tox.*³⁰, a dose every six hours.

November 25th. Called in council Dr. Preston. Found the patient a little more comfortable. Continued the *Rhus*.

December 4th. Is much the same; sleeps very badly, and passes large clots of dark coagula with the urine. *R̄. Lycop.*²⁰, a dose night and morning for a week.

December 21st. Sleeps a little better; burning and smarting in the region of the kidneys; much dizziness; palpitation and fluttering of the heart. *R̄. Hepar*³⁰, night and morning.

December 28th. Feels a little more comfortable. *R̄. Hepar*²⁹, a dose every evening for four days.

January 6th. No change for the better. Upon a close examination of the urine, small "epithelial casts" could readily be seen. By heating a portion of it in a watchglass, and adding a few drops of nitric acid, an albuminous cloud at once made its appearance, and was soon precipitated. Patient very weak, and cannot rest at night; burning and rawness in the region of the kidneys much worse; hands and fingers swollen very stiff; slight œdema of the upper eyelids. *R̄. Arsenicum*³⁰, every six hours.

January 10th. Rests better at night; burning in back better; urine the same—is thoroughly mixed with blood, and contains large quantities of albumen, which is plainly visible. *R̄. Sac. lact.*

January 17th. No better; urine almost black, with sediment like coffee-grounds; after standing a short time, an albuminous ring three or four inches in diameter forms upon the surface, which is so tenacious that it can be lifted out of the vessel almost entire.

From this time forward, until the middle of March, the patient received successively, *Arsen.*, *Eupat. purp.*, *Phosphor.*, *Kali carb.*, and *Sulphur*, the attenuations ranging from the thirtieth to the two hundredth without producing any perceptible change for the better.

March 22d. At the instance of Professor Guernsey, the

patient received *Helonias*^{46m}, a dose night and morning for five days, and then I awaited its action.

April 10th. He has now been without medicine eleven days since taking *Helonias*, and there are no indications of improvement; on the contrary, he has steadily grown worse; the urine still presents the dark, bloody appearance, and is largely supplied with albumen, not less than two tablespoonfuls of this albuminous matter being passed with each emission, which, to use the patient's own language, seems "to take the very life out of him;" he is very weak, can hardly raise his hand to his head; pulse one hundred, and intermittent; much tough mucus in the mouth and throat, with almost constant nausea; no appetite, and but little sleep.

Dr. Preston, whose counsel I had received from the beginning in this case, now suggested *Berberis vulgaris*, which was given in the 2d potency, a dose every six hours. On the third day after taking this remedy, the patient was seized with a severe drawing pain in the region of the right kidney (had never experienced any pain on this side before), which extended down the course of the ureter to the testicles, with frequent desire to urinate, passing small quantities of *clear urine*. While suffering thus, several dark, cylindrical pieces, about an inch and a half in length, and of the diameter of a rye-straw, were discharged with the urine, after which the pain subsided, and with it all traces of albumen, which had been so abundant; applied the nitric acid test, but could discover none whatever; urine still remains bloody. *Rx. Sac. lactis*.

April 19th. Feels stronger; sleeps much better; has very little burning in the back; a good appetite; urine not so dark, and more abundant. *Rx. Berb. vulg.*³⁰, three doses, one every night.

April 30th. Still improving; urine contains less blood, and settles clear after standing. *Rx. Sac. lactis*.

May 9th. The urine to-day, for the first time in fourteen months, has been entirely clear; not a speck of blood or albumen does it contain, and at the present writing, June 28th (over seven weeks), it has remained the same. He has been gradually gaining strength, and gives every promise of soon being restored to perfect health.

HOT SPRINGS OF ARKANSAS.

BY LUCIUS D. MORSE, M.D., MEMPHIS, TENN.

(Presented to the American Institute of Homœopathy at Put-in-Bay.)

THE Hot Springs of Arkansas, justly celebrated in the treatment of certain forms of disease, are situated in the central portion of that State, about fifty miles in a southwesterly direction from Little Rock, the capital city. Their use by the white people dates back some sixty or seventy years ago, when a few shanties and log-cabins furnished quarters for both visitors and residents. The virtues of the springs were known, however, to the aborigines of the country, who held them in the highest esteem. De Soto and his intrepid warriors, after crossing the Mississippi, were piloted thither by the Indians, and the superstitious Spaniards thought, for the moment, listening to the wonderful recitals of the natives, that they were about to discover the veritable "Fountain of youth."

Hot Springs County, in which the thermal waters are located, is one of the wildest and roughest in the State. The whole region is a succession of rocky hills and valleys, thickly wooded, for the most part, with pine and oak. Some of the valleys are cultivated, but the soil is not noted for fertility. It would, I think, prove well adapted to the grape.

The present stage-ride of twenty-five miles, from Malvern station, the nearest point on the Cairo and Fulton Railroad, to the springs—a tortuous road presenting a series of stony ridges and rugged ravines, over which the traveller, clinging fast to the vehicle, is driven at breakneck speed, will live long in the memory of the poor invalid who has experienced it.

The springs themselves, between forty and fifty in number, are in a narrow valley, perhaps fifty yards in width, running north and south, formed by the outliers of the Ozark Mountain range, and distant about a mile from the Wachita River. The water, varying in temperature from 100° to 150° Fahr., gushes forth from the base and side of the eastern slope, some of the springs being at an elevation of one hundred feet above the floor of the valley. The discharge is estimated at nearly four hundred gallons per minute, and swells materially the volume of a little creek which, rising in the hills beyond, flows through the valley, emptying into the adjacent river. It was in this creek, below the springs, that invalids bathed in the early history of the place, before the waters had acquired reputation. Some of the hottest springs issue from the rocky bed of the stream itself.

Evidences of volcanic agency abound on every hand, and the writer, during a recent visit, rambling repeatedly over the slopes of Hot Springs Mountain, picked up specimens of rock and iron ore, near and remote from the springs, which told plainly of a time when the whole mass must have glowed like a limekiln.

The water from the springs is conducted over the side of the mountain in open wooden troughs or closed iron pipes into large reservoirs, where it is utilized for bathing purposes. There are ten or twelve bathhouses, including those connected with the five or six principal hotels, so that accommodations are ample for the rush of invalids during certain portions of the season.

The springs are highly esteemed in the treatment of chronic rheumatism, gout, secondary and tertiary syphilis, neuralgia, contractions of the joints, and drug poisoning generally. They are also useful in diabetes and paralysis. The patients most constantly benefited are those suffering with rheumatism and syphilis in its various forms. Those cases of the latter disease which have been saturated with mercury, potash, etc., generally receive prompt benefit from the rapid elimination brought about by the use of the water. Recent cases of syphilis are not so much benefited. In the secondary and tertiary forms a three to six months' course with the water will usually bring about very satisfactory results. Cases of rheumatism, gout, etc., are generally helped, if at all, in much shorter space of time.

The bath is taken at various temperatures, ranging from 90° to 100°, and in duration from three to fifteen minutes, and sometimes longer. The patient disrobes in a little ante-room, while the attendant prepares the water of the required temperature. He then enters the bath, remaining a specified time, usually drinking meanwhile of the hot water from a tin can which forms part of the regular bathing regalia. If a sweat is to follow immediately, the water is turned out of the tub, and the patient, lying down in the bottom, wraps himself closely in a woollen blanket, and drinks copiously of the hot water for five, ten, or fifteen minutes, while the perspiration oozes from every pore. After this the patient wipes himself dry, dons his flannel underclothing, dresses quickly, wrapping up in an overcoat or thick shawl, and hastens to his room and to bed, where he can continue the imbibition of hot water and the sweating at leisure, or resign himself to a comfortable nap. Should the weather be at all cool, the patient

confines himself to the house for several hours after the bath, and only ventures out when reaction has fully taken place and the circulation is restored to its equilibrium. The vapor bath, formerly much used, is now less frequently prescribed. It is taken in a small room, built over a tank filled with the hot water, and having a slat floor, through which vapor finds ingress. Here the patient remains from one to five minutes, in a temperature seldom lower than 110° , the head being usually protruded through a hole in the door of the closet and wrapped about with a towel wrung out of cold water.

One bath a day is the maximum allowed, while often the invalid is restricted, on account of weakness, to two or three baths a week—usually, however, being permitted to drink freely of the hot water. And it is really astonishing how soon patients learn to like it, using it in preference to cold water. I have been told repeatedly by visitors accustomed to the free use of ardent spirits, that the Hot Springs water, for the time being, destroyed all taste for strong drink, and from personal observations I am inclined to believe that such a result is not unusual.

The analysis of the Hot Springs water shows it to contain large proportions of carbonic and silicic acids, some sulphuric acid and chlorine, and also magnesia, lime, soda, and potash. Lime is in excess of the other ingredients. The mineral constituents vary from 8 to 12 grains per gallon. Immense masses of calcareous tufa have been deposited by the springs, forming a sort of curtain, which in some places impends down to the little stream which receives the water. The calcareous deposit upon the conduits and in the tanks formed quite rapidly, and at my first visit I secured specimens varying from one-eighth of an inch to an inch in thickness. This deposit is not strictly homogeneous, but, when fractured transversely, presents a stratified or grained appearance which shows by its varying colors the fluctuations in the mineral constituency of the water.

One of the most curious features in connection with the water, and one which usually strikes the attention of the visitor, is a bright green confervoid growth which attaches itself to the conduits and tanks. It flourishes luxuriantly in the rapidly running streams where the water is of a temperature as high as 140° . This mossy growth has some reputation with visitors as an application to syphilitic ulcerations. It acts as a poultice.

The reputation of the springs in the treatment of venereal

diseases makes the crowd of impecunious wretches who drift thither matter of little surprise. Scores of this class of invalids are camped out in rude shanties and tents upon the slope of the mountain. Several of the springs have been given up to their use. They direct the water into shallow pits, close at hand, and here, at almost any hour of the day, wallowing like pigs in a mudhole, may be seen some of the most loathsome cases of that most loathsome of all diseases. These pits, receiving the water direct from the springs, have a therapeutical reputation superior even to the baths in the valley below.

The section of land including the springs has been in legislation by several contestants for many years, but the Court of Claims recently decided that the right and title thereto is vested in the general government. Congress will doubtless be urged, at no distant date, to authorize the establishment at these springs of a great general charity hospital for the afflicted poor—an institution which could be amply supported by ground-rents and sale of water privileges to private parties—such an institution, besides being a credit to our government, would do an incalculable amount of good.

The village of Hot Springs is growing rapidly into a city. It supports a daily paper and two weeklies, has a short railroad traversing the valley, and will soon be connected by rail with the outside world. In 1874 there were as high as 2000 visitors in the valley at one time, and the present season has opened with even a larger number. There are ten or a dozen hotels in operation, with accommodations for from 50 to 300 guests, besides which there are scores of boarding-houses. Board and lodging can be obtained all the way from \$25 per month up to \$100 per month. Tickets to a course of twenty-one baths cost from \$5 to \$7.

The Hot Springs "season" commences in April, and lasts till December. The winters are short, the summers long and hot, tempered usually by cool nights.

HYDROPHOBIA.

BY O. P. BAER, M.D., RICHMOND, IND.

THE CAUSE.

THAT hydrophobia is exclusively a specific poison or originates from that source alone, grave doubts have already been expressed, and many and apparently plausible reasons have

been adduced to demonstrate and sustain the theory of its being to a great extent a nervous affection. That such is the case, no doubt in my mind longer remains after having taken careful observation of the field of facts which have presented themselves, and those evidences which have been produced by a series of experiments.

The provings of some of our remedies have shown us many symptoms that would seem to indicate the possibility of the production of a partially developed case of rabies in mankind, to whom this form of disease is as foreign naturally as would be that of glanders, a disease peculiar to horses. It would not be natural to expect a true type of a specific disease or a clear or familiarly known form indigenous to one order or class of animals, to appear with all the normal marks in another so widely different.

Some observations and facts not before noticed or recorded will now be presented as corroborating and sustaining the theory, and tending to elucidate a law of nature, not as yet fully known or comprehended at least in so far as the well-being of society is concerned, many of which have been gleaned from years of careful and minute observation.

First, the police reports from any city show the inability of apparently intelligent men exercising even common discretion while visiting a house of prostitution and while so excitedly influenced by the passionate attraction. The ebullitions of emotion other than the one which drew them there are only transitory, resulting in a blow, shot, or stab, and then if not farther molested the prevailing passion again arises, and relief is sought from their frail associates. Credible descriptions of the feeling, and some marked symptoms as developed in such places and under similar circumstances, have been furnished me by men of rare intelligence yet of sometimes unfortunate associations.

A successful and prominent lawyer in a near city assures me that when (as in former years such was frequently the case) he sought such society, before his aim had been accomplished his mouth and throat were so dry he could scarcely speak, he was hoarse, and deglutition was almost an impossibility; yet if any circumstance should arise to render the lapse of much time necessary, he would almost strangle from the accumulation of mucus that he could not swallow and could scarcely spit out of his mouth. Also that he was nervous and excitable, and that he would have killed the best man living if he had interfered with him at that time. Another attorney of my own city

says under such circumstances he always had the "cotton spits," and was obliged to be constantly spitting slimy, stringy mucus, almost impossible to get out of his mouth, and was perfectly reckless until his object had been accomplished.

An editor of a national paper, a reporter on a leading daily, and a fallen minister, give from their own experience similar reports as confirmatory of man's inability to reason under such conditions, and of the increased secretion of the buccal cavity, as well as the congested condition of the brain or meningeal membranes.

Among animals there has been observed at times an intractability and an irritability rendering them almost ungovernable, but more especially has this been noted in the male lion, horse, and elephant.

In the dog (man's more intimate associate) we observe the most marked evidence of the excitement attendant on this animal instinct, and can more easily note the blending of effect with the cause as being productive of the diseased condition now under consideration, and peculiar to this animal. From a record of cases noted down for the last fifteen years there has not occurred half as many as there has been deaths from going into wells, but the horrible death in the one case makes the impression so much more deep and lasting, and so much more to be dreaded. Singular as it may appear, no case has been reported as having occurred in the country, but each and all of which I have ever heard of originated in the cities; so one might almost come to the conclusion that like typhus fevers it is a disease peculiarly indigenous to cities. Typhus fevers are developed in strict accordance with the laws of nature, but in regard to hydrophobia herein lies its variation, that it originates from a violation or interference with the natural laws by the intervention of human laws for the preservation of order in cities.

The male dog has been known to go several miles in the country to seek its mate, and while there, if others are not on the same mission, they do not as in other instances have long and severe contests for mastery, but it is only a sudden snap or bite, and then the object of attraction is again sought, I might sarcastically add, with a tenacity almost human.

Thus the conclusion would be naturally forced upon us that as hydrophobia has so far only appeared or originated in the male dog, and in the cities only, its cause must be mainly attributable to an unsupplied want, to a non-satisfaction of an

animal instinct for the want of material which has been taxed out of the cities, as in this rare instance the heaviest tax is levied on the female.

The saliva or buccal secretion of all flesh-eating animals, such as the cat, dog, and wolf, are very materially different from that of the horse, cow, or pig, doubtless attributable to the diet; and as all animal matter, when in a state of semi or full putrefaction, is more detrimental to the human system, as it is not only more speedy in its action, but also longer lasting in its effects, will, in a measure, partially account for the more serious results emanating from the introduction of saliva from a carnivorous animal over that from one of the herbivorous.

Now when we have added to the secretions already detrimental to the living tissue, the reabsorption of non-adventitious material into the system of an excited or half-maddened animal, with the brain extraordinarily extravasated with blood that has been unduly elevated in temperature, we have two more factors added to the conditions, making it still more favorable for the generation of a specific poison capable of inoculation, and the production of the most frightful of all brain affections.

Dr. Hammond's opinion that it is an affection of the brain, is most assuredly correct; but that it is to be cured or controlled by the will (as he asserts), which would seem to imply that he deemed it only a mental affection, is without the pale of even a possibility.

That in cases of affection from the propagating animal, there is acute or may be chronic congestion of the meningeal membranes investing the brain is quite certain, as the observations made of the living and after deaths—examinations have demonstrated such to be the fact—give us the right to leave no room for doubt.

As an evidence that hydrophobia can be produced artificially, I will state that some twenty years ago I assisted in shutting up two dogs, male and female, in contiguous inclosures, and for several days gave them large doses of Cantharides, with the design of getting up that peculiar state of excitement, and thereby generating hydrophobia. Our expectations were more than realized, for in a very few days they were in a feverish and frenzied condition, especially the male, which stood with drooping head, bloodshot eyes, slimy, stringy saliva running from the mouth, while the hair on the back was in a constant state of erection—in fact, almost pointed forward. Although a bulldog, he would snap viciously and

suddenly at everything offered. The movements of both were quick and sudden, almost spasmodic. Of water they scarcely partook, but evinced no spasmodic symptoms from its presence, and the conclusion arrived at was that there was difficulty in swallowing it.

Fearing trouble, both were killed (being fully satisfied that to all intents and purposes they were mad), much to my regret afterwards that we did not try our propagated virus on other dogs.

In the spring of 1855 I was called to see a little girl, near four years of age, with, as I then discovered, an attack of meningitis. After some few doses of Aconite had been given with no apparent improvement, I gave her a large dose of Belladonna third in pills, when in a very few moments frightful aggravations were produced, in which the mouth was in constant motion, filled with sticky, slimy mucus, that would fly out with her horrible shrieks, with occasional short and sudden snapping of the teeth, or the biting of the bedclothes. Her voice was hoarse and hollow, and, as one lady remarked at the time, almost doglike. A deathly silence ensued, broken only by her shrieks, as it was apparent to all she had been made worse by my pills. Assurance was given that after a time she would be better, but I was fearful of a lesion of the brain from the aggravation, and I almost decided to give her some Opium as an antidote to mitigate the severity of the symptoms. I attempted to wipe off the saliva from around her mouth, when with a suddenness and an apparent viciousness, she bit my thumb clear through the side, leaving a scar which still remains. Thank fortune, to my relief she soon began to get quiet, and sank into a gentle sleep, from which she awoke in two hours in a perspiration, and in a few days was restored to health.

Many other cases might be cited, as well as descriptions of some post-mortem examinations, where the patient had presented, during sickness, *vicious* symptoms, to aid in demonstrating the existence of arachnoidal and meningeal extravasation to be followed by inflammation, at least enough to show the constancy and persistency of those conditions, to establish them as *natural legal facts*.

The physicians of the homœopathic school are certainly well aware that they possess the means to prevent the fermentation and germination of any propagating virus that may be introduced into the system, and the capability to blast its de-

velopment ere yet it has become a resident to beget children like itself.

Neutralization and elimination must and will supplant the old and absurd custom of cauterization and scarification for all infection arising from a dead man or a living dog. Too long habit has been continued by sending the afflicted one to the grave, through the undertaker, with morphine, and saddling the blame on the Almighty or the dogs.

It has been my fortune to treat two cases of hydrophobia, but neither one assumed that frightful form we read descriptions of in the daily papers. I found them not difficult to manage, and believe they were effectually freed from further danger from the producing cause. In each case I held in view the theory I only had then to guide me, that the nervous symptoms emanated from the brain, so on the one hand sought its quietude, and on the other to destroy and throw out the contaminating element.

Believing then that if some plan can be legislatively devised by which the animal wants can be supplied, or Andrew Johnson's treatment for criminals be applied to *all the dogs*, we can prevent the development.

REMOTE AND REFLEX SYMPTOMS DEPENDENT ON UTERINE DISEASES.

BY S. R. BECKWITH, M.D., CINCINNATI, O.

(Presented to the American Institute of Homoeopathy, at Put-in-Bay.)

No organ of the body when diseased produces so great a variety of symptoms entirely different in character as the uterus. Take cancer, for example, where in some cases a portion of the neck or even of the body of the uterus may be destroyed without much suffering, while in other cases the pain is intense almost from the beginning; and again the pain is confined to the organ affected, while in other cases it is felt most severely in other tissues.

In this respect the symptoms of disease of the uterus differ from those of other organs where the local symptoms are sufficiently prominent to enable the physician to determine what parts are affected; as in inflammation of the pleura, the pain is confined to that membrane, and the only constitutional symptoms are those produced by the inflammation, and a diagnosis may readily be made. This may be said of most

diseases of other parts of the body ; the symptoms are usually similar in kind and character.

But if there are any anatomical, physiological or pathological changes in the uterus, such alterations in functions or structure are not so easily recognized by characteristic symptoms that are similar in cases where no apparent difference exists in the organ. The symptoms are so various and numerous that it is often difficult to determine by them even the locality of the disease, as exemplified in a case reported by Simpson, where a lady had been treated a long time for diseased mammæ, by leeches, opium, and sedatives. On examination a slowly corroding carcinoma was found to have destroyed the whole cervix, leaving the remainder of the walls of the uterus hard, rough and indurated. A case affording evidence of the *variety* of symptoms occurring in disease of the uterus came to my notice several years since. I treated a lady for several months for sciatica, without benefit. Frequent examinations of the uterus were made, but no evidence of disease or displacement was found except a slight leucorrhœa of glairy mucus. Finally, thinking the pain might be reflex, and the real seat of the disease in the glands of the cervix I thoroughly cauterized the cervical canal, and in a few weeks the neuralgia had disappeared. Many instances could be mentioned to show how numerous and various the symptoms of a diseased uterus are, but this is unnecessary, as every physician has met similar cases in his practice, and could add his evidence to the truth of the statement. While we are aware how frequently the uterus suffers from disease, and produces manifold symptoms in every part of the body, we are not willing to admit that a large proportion of the ailments attributed to the uterine system belong to it.

Since the diseases of the uterus and its appendages have attracted the attention of the profession, a grievous error has been committed in supposing this organ alone to be at fault in so large a proportion of cases (and it is really surprising to learn the great variety of pathological conditions) that exist, according to the opinions of different writers and practitioners. Some think diseases of the uterus to be caused by debility, and prescribe iron and mineral acids. Others suppose that almost every case is marked by congestion and engorgement of blood. A third party is sure to find inflammation, and bleaches the uterus with cupping, leeching, and glycerin. Others again attribute all diseases to the cervix, while others find deviations, displacements or prolapses at the root of all the evils.

All these views are correct in part, because they are founded partially but *only* partially upon truth; for no doubt, as seen in practice, the uterus is liable to congestion, inflammation, displacement and neuralgia.

Like other organs it is subject to a great many diseases, with symptoms dissimilar in character and kind, and we should fall into grievous error if we were to suppose there was only one series of morbid actions liable to go on in the uterus, and but one method of treatment applicable to all cases. To be able to correctly diagnose disease of the uterus, it is important that all such errors in pathology should be corrected. I trust that the constant attention given by medical men to gynecology will eventually enable us to detect the nature of the disease by the local and general symptoms with positiveness and accuracy. To accomplish this the numerous symptoms should be carefully studied in reference to the location of the disease, and the structural and functional disturbances produced. We feel utterly incompetent to offer any plan to enable the practitioner to make a better diagnosis of the diseases of the internal reproductive organs of the human female, and will content ourselves by pointing out some of the prominent remote or reflex symptoms in diseases of the uterus and the parts of the organ that are affected, with our opinion of the pathology. As before intimated, diseases of the uterus are characterized by symptoms that are local, localized, remote or reflex, existing separately or combined. The local symptoms are those of the uterus alone. The localized are those of tissues in continuity with the uterus and its appendages, as the bladder, rectum, etc. The remote are those in which other organs, distant from the uterus, suffer some functional or structural alteration, as in enlargement of the mammae or disturbance of the functions of the stomach. The reflex or sympathetic are those which affect the nerves without structural change, or the brain by change of functions. In other words the reflex symptoms are neuralgia and mental aberrations.

Remote symptoms occur when the body of the uterus is the seat of the anatomical change or disease, as in the early periods of pregnancy, or when the disease is located in the walls primarily, or extended to them from the cervix.

These symptoms are explained upon the same principle as reflex motion. Recent pathological and physiological researches have demonstrated that these movements are due to impressions made upon some nerve at the seat of excitation or injury, running along such nerve to an arc of a nerve, which

are passes through the spinal cord, and from these along a nerve to the distant mucous or cutaneous surfaces in contact with the muscles set in motion.

In a case of trismus, the impressions coming from the injured part, if it be the upper extremities, to that portion of the spinal cord inclosed by the cervical vertebra, is conveyed to the mucous surfaces of the mouth, contracting the muscles of the lower jaw. If the injury be to the limbs, the rectus muscle of the abdomen is the first to become rigid, and in either case all the muscles of the body are eventually set in motion.

Recent symptoms can be explained in the same way.

The morbid sensation is conveyed to the spine, and from there to the mammary glands, or to the part affected, and sets up the various disturbances. I have now two cases under treatment for fibroidal tumors of the uterus, that go far to prove the truth of this statement. In one the mammæ have wasted and are neuralgic. This case has been treated with iodine injections for nearly two years. The tumor is much reduced in size. She no longer has menorrhagia, and has almost recovered her former health and weight.

The other patient has in no way been benefited by treatment; the tumor is constantly growing, and with its growth there is an increase in the size of the mammæ. A tumor of the uterus is often accompanied by enlargement of the mammæ, which misleads the physician, and causes him to suspect pregnancy; as in the case reported by Dr. Bedford, where a virtuous young English lady, the daughter of a clergyman, was by numerous physicians declared pregnant, notwithstanding her protestations of innocence. She soon dying from other causes, a post-mortem disclosed a tumor, which the father eagerly seized, exclaiming "Here is the evidence of my daughter's honor." In this instance the woman enlarged regularly with the growth of the tumor. There is another class of remote symptoms that cannot be explained upon this hypothesis. In many women the biliary secretions become altered at the return of each menstrual period; others have palpitation of the heart during menstruation, as when suffering from uterine diseases; uterine asthma occurs in amenorrhœa and in the early period of pregnancy. In all these and similar cases undoubtedly there exists an altered condition of the blood, producing the local symptoms. Reflex symptoms or sympathetic neuralgias are among the most important classes of symptoms, and are so

well marked and severe that they often mislead the practitioner from the primary cause of the malady.

I am unable to offer any reasonable explanation as to the cause of these pains, occurring as they do in every part of the body, more especially in the head and face, intermitting, remitting, or constant; and were they not so frequently cured by local applications to the uterus, I would believe their existence depended in all cases (as it does in many) upon a functional derangement of the stomach, intestines or blood, inducing anæmia, disturbed digestion and assimilation. But these pains are so frequently and promptly cured by treatment directed to the uterus, that undoubtedly disease of that organ is often the real cause of the suffering.

Since our last meeting, I have treated a patient for neuralgia of the chest and shoulders. She has been a sufferer for five years, has been to warm climates, visited mineral and hot springs, and had local treatment of the uterus by skilful physicians, all to no purpose. Her pain was constant and at times almost unbearable. Her general health was good, except weakness arising from pain and want of sleep. After trying all the usual means, I divided both walls of the neck of the uterus and dressed the wound with ergotin. In a short time the pain ceased and she returned home, remaining in good health until a short time since, when the pain returned but in a light form. She at once came West, and is now under treatment. I have thus far given only internal remedies, hoping to cure by them alone. Thousands of cases and cures attest the truth that neuralgia may exist in any part of the body dependent upon diseases of the uterus, nor are we compelled to study the pathology of this organ alone to prove the existence of reflex pains.

In surgery we meet with severe morbid pain in the knee-joint in almost every case of morbus coxarius. Surgical pathologists offer the easy explanation that the pain is due to excitation from nerves of the hip to the spine, and thence to the knee. Yet we only find these symptoms in the early stage of the disease, when if they were due to the causes mentioned, they would seemingly increase as the disease progressed. This explanation is not sufficient for our understanding, nor do I believe the subject will be comprehended until we have a more thorough conception of the minuteness of matter. The product of the disease, whatever it may be, can from its inconceivable minuteness be carried far distant from the diseased tissues, and by its presence excite pain in the nerves

affected. Hahnemann was the first to have any real comprehension of nerve impression by minute substances. Had he rested with this statement, instead of following the dictum of his early education by offering an explanation on spiritual principles, his theory would have been more generally accepted.

Muscular motion and remote symptoms are usually dependent upon alteration in structure, inflammation or abnormal growths; while reflex pains are usually found where there is no active inflammation, as in the first stage of hip disease, or in cervical endometritis unaccompanied by any loss of substance. In the latter Naboth's glands are enlarged, pouring out a glairy secretion, or surrounded by a highly sensitive mucous membrane, without much leucorrhœa.

In these instances, slight secretions or diseased deposits may be absorbed and carried to the ramification of some cutaneous and sensitive nerve, producing the pain and other symptoms.

I do not offer this as a well-known fact, but simply as a theory founded upon observation of cases where the reflex pain was relieved as soon as active inflammation or suppuration was established in the diseased tissues. Take for example cervical metritis, where the cautery inflames and suppurates the mucous membrane, which is no sooner done than the pain disappears. Also in morbus coxarius the pain in the knee is lessened or entirely relieved as soon as pus is formed or the inflammation becomes active. In either condition no absorption takes place, nor will it occur while pus or other normal products of inflammation are produced. I could enumerate a great number of cases treated on this principle, by others and myself, to clearly demonstrate the fact that the plan of cure is successful, but this is unnecessary, as every surgeon is familiar with the results of such treatment.

The only useful deduction that we can make from our experience is to point out the pathological symptoms where local treatment is useful in removing reflex pain, and where not. In cases of neuralgia, where the os is red and unnaturally sensitive to the touch, the sound introduced with difficulty, a small quantity of glairy mucus oozing from the cervix, no appreciative deviations or structural changes in the organ, and in fact but little alteration in the appearance of the parts from that presented in health, reflex pains occurring with these symptoms are often cured by applications of chloride of zinc or iodine. The crystals of either drug are to be incorporated in a uterine suppository, composed of zinc or iodine $\frac{1}{2}$ gr., sul-

phate of morphine $\frac{1}{2}$ gr., and sufficient cocoa butter to form the suppository ; the neck to be opened with a tent or dilator, and the application introduced.

This should be repeated every four or five days, until free suppuration occurs. If there is an enlargement of the cervix, with hardening of the neck, the parts may be covered with an unguent of iodine or iron, held in position by a uterine rubber cup. Applications should be made weekly until relieved, when the local treatment described will be found useful.

I do not wish to be understood as condemning the use of the appropriate specific remedies in conjunction with the local treatment, but on the other hand I would suggest that our remedies, with proper hygiene, be used in the largest proportion of cases without other agencies. We are prone to underrate their value in all cases where local measures are admissible. Nor would I discard any auxiliary that can aid *homœopathic medication*, but suggest the use of common sense in gathering information from any reliable source that can be made use of in a cure. Where there is great nervous sensibility, congestion, and rather active inflammation, no severe local applications should be made. The indiscriminate use of caustics and escharotics has been productive of much injury, and in the present fashion of treating almost every case, by physicians of all ages and experience, it would be far better for women if the use of the speculum were not known.

As soon as the practitioner commences the use of local applications, he is liable to think it necessary to examine in all cases. Even men of great reputation and skill fall into this error. A patient of mine visited the celebrated Dr. Churchill, of Edinburgh, for neuralgia of the face. He requested a vaginal examination. At the same time he said to her, "If you had come for a broken limb, I suppose the first thing I should have thought of would have been to use the speculum, so accustomed are we to the use of it."

There seems to be a conservative or middle ground of treatment that is, in the great proportion of cases, necessary to learn, as reflex pain is sometimes only cured by change of climate or visits to springs.

Again, proper medication alone cures in some cases, while in other instances the most active surgical treatment is necessary. To occupy this much-desired field of inquiry it will be necessary to better understand the pathology of the disease than is now done, and I can only hope that the future will soon furnish the needed information. The other class of re-

flex symptoms mentioned are those of the mind, and they exist in a great variety of forms and intensity. The most usual are simple changes of disposition, hysteria, mania and melancholy. The reports of superintendents of insane asylums and institutions for the treatment of nervous diseases clearly show how instinctively the functions of the brain are connected with the diseases of the sexual systems of both sexes, and *especially* in female patients. In the case of a large number of insane females the cause of mental aberrations is directly traceable to disturbances of the reproductive organs, and this more often functional than otherwise. Much the largest number of cases occur during the establishing or cessation of menstruation. Insanity is more persistent and less liable to be cured if it occurs at these periods than at any other age of women. The mania arising from diseases of the womb is usually mild, partaking more of hysteria than true mania, or if there is insanity it is often broken by periods of a few days or months. With all the information that has been gained in the past few years by physicians' special study and practice of diseases of women, little or no improvement has been made in the treatment of this class of cases.

Insane women, whether struggling to establish their womanhood, becoming insane during the childbearing period, in the puerperal state, or when maternity is ceasing, are sent to an asylum, there to remain in the company of confirmed lunatics, without any special treatment for the cure of the mania with which they are afflicted, until they pass into a chronic state, which is always incurable.

Here reformation is needed, and if a physician having in charge this class of patients would adopt as careful and well-selected treatment as is used for other reflex symptoms, he would be, if not a benefactor of woman, at least much gratified by his success.

I am unable to explain how disturbances of the ovaries and uterus produce reflex symptoms of the mind, but the fact exists, and we have not the information necessary to explain the cause. We at present must content ourselves by attempted improvement in treatment. All that can be done in a single paper is to state a few of the prominent symptoms of this form of disease and the result of our treatment. Insanity is supposed to be produced by structural or functional disease of the brain. If it arises from the former cause it is rarely curable. If from the latter, its cure depends upon surrounding circumstances and removal of the cause. Uterine mania is

induced by reflex functional disturbances of the uterus, and is manifested by symptoms that are characterized by an alteration in the emotions, and is never alike in severity. It remits, intermits, or abates for an irregular period.

It is accompanied by peculiar facial expressions, indicative of the kind of mania. The conduct and language of the patients are also peculiar to this form of the disease. The young are shy, timid, or disposed to melancholy. The old are violent, abusive, or morose. The middle-aged are usually sad, weeping at the slightest cause, and rarely fully insane.

Of this class unmarried women are much oftener affected than married, and but few cases are met that were not preceded by retarded and painful menstruation.

The sexual functions are altered nearly as much as the brain. The most modest women become the most obscene, and vice versa.

So marked are the symptoms that the experienced psychologist detects this form of mental disease in passing through the wards of the asylum. In the past year I have had abundant opportunities of witnessing this form of disease and its treatment, and I can safely say that it is amenable to such remedies as *Argentum nitricum*, *Aurum*, *Geranium*, *Pulsatilla*, etc., with local treatment when indicated, but unlike other uterine diseases it requires in addition to hygienic treatment the greatest ingenuity to divert the patient's mind from the delusion under which it suffers. Too much importance cannot be attributed to this part of the cure, as it alone will often suffice to restore mental health.

One patient under our care was suffering under the delusion that she was about to be executed. On hearing the slightest noise she imagined the executioner was coming to take her life, and her safety depended upon remaining in her room with the nurse. She was much benefited by *Aurum*³⁰; still the delusion returned until, by amusements, her mind was constantly occupied, when you could see day by day this veil of hallucination rise from her dejected face.

In conclusion we can only add that there seems to exist an unbroken line of sympathetic connection between the brain and its functions and the uterus. Whenever that communication is interrupted or disturbed by physiological or pathological changes in the organ of reproduction, reflex action traverses such line, deranging the mind.

VENTILATION.

BY H. A. VAN NORMAN, M.D., CLEVELAND, OHIO.

(Presented to the American Institute of Homœopathy at Put-in-Bay.)

ON account of the magnitude of this subject, I propose to divide it into two parts, calling this paper Part I, or the "Importance of Ventilation," leaving Part II, or "How to Ventilate," for some future paper.

PART I.—THE IMPORTANCE OF VENTILATION.

I understand and use the term ventilation in the sense of supplying houses, churches, schoolbuildings, public halls, mines, ships, jails, hospitals, cities, and all places inhabited by man or beast, constantly with a full supply of fresh air, so as to maintain the atmosphere in such places in a uniform state of purity, and by so doing, relieve the occupants from the danger of contracting diseases caused by inhaling vitiated air.

Almost every person, when questioned upon this important subject, acknowledges the necessity of pure air in all places and under all circumstances, especially in the sick-room. Here the air becomes impure in a very few moments, or is really impure every moment, and needs constant change.

A person will build a magnificent residence, with all the modern conveniences and appliances, with elegance and luxury suggesting itself by everything surrounding him. These delightful apartments are finished and occupied, and yet in all this array of splendor the important subject of ventilation has been but little considered. Yet we are glad to know that the subject is receiving more attention now than formerly. Parents *may* send their children to our public schools and not have them entirely ruined for life because of improper and imperfect ventilation, but scarcely one escapes the evils which attend ill-ventilated schoolbuildings. Parents, and perhaps others, may be surprised at the statement that there is very little (if any) attention given to the ventilation of our public schoolbuildings. From forty to one hundred children are collected into one room, and when the atmosphere becomes devitalized and cannot be endured for another moment, then suddenly the windows or the door is opened, and the cold air rushes in on the heads of the occupants. In a very few moments the children, from being suffocated a moment before, breathe in large draughts of pure, cold air, and they become

suddenly chilled; and hence, as a direct result of so suddenly changing the impure for the pure and the warm for the cold, the more delicate and easily affected are almost sure to be afflicted with colds, and diphtheria, scarlatina or pneumonia may follow.

In a climate like ours, characterized by so many sudden and extreme varieties of temperature, perhaps no more important subject could be brought before this Institute, regarded from a sanitary and healthful point of view, than the attainment and preservation of an equable and healthful degree of heat and cold and pure air in our residences, schoolbuildings, churches and public assemblages. The physician, above all men, should understand the subject of ventilation in all its different phases, so that he may not only stand in the relation of instructor to his patients but to the people at large. Too many physicians prescribe loosely or even thoroughly scientifically, as the case may be, and leave all sanitary measures to others, or leave them entirely neglected. Perhaps some physicians might say that were the doctors to advise the people just how not to be sick by having proper ventilation in their houses, and instructing them how to secure to the best advantage the pure air of heaven; how to adapt themselves to the circumstances surrounding them and be content and happy therewith; how not to violate the laws of life and health by teaching them what to eat and drink and what to shun in order to avoid sickness and death, his patients would be few and far between, and as a consequence he would be obliged to seek other employment. This might be the case in some instances, but I hope the physician has a higher and holier ambition than merely to see that his fees are forthcoming.

FRESH AIR.

The lungs of an ordinary person present upwards of one hundred and sixty-six square yards of respiratory surface, and every single point of this vast surface is in immediate contact with the atmosphere breathed at every inspiration. Consider for a moment the vast amount of air presented to this surface every day of our lives. The amount of air taken into the lungs will, of course, vary very materially with the age and condition of the individual. In a state of rest not nearly so much air is taken into the lungs as in a state of exercise; and, too, one person needs nearly double the amount of air that another would under the same circumstances. In an ordinary

person, and in a state of rest, about a pint of air is necessary to perfect each respiration, and there are about eighteen respirations, ordinarily, in a minute, making 1080 pints for one hour, and 25,920 pints, or sixty hogsheads, for one day.

This atmosphere, taken constantly into the lungs during the act of respiration, is on purpose to give life and health and vitality to the blood, which meets the air in the lungs.

Here the blood, being loaded with worn-out tissues from the different parts of the body, becomes oxygenized, in the lungs, and is again sent on its mission, rejuvenizing and building up the waste places, to again return to the lungs, and again to every part of the human organism.

If the blood be poisoned by carbonic acid retained in the atmosphere of badly ventilated apartments, then at every respiration the blood becomes less and less capable of repairing structures or of carrying on healthfully any of the functions of the body. The blood circulates through the whole body once in about two minutes and a half. Every one, therefore, who breathes impure air two and a half minutes has every particle of his blood acted upon by this vitiated air. Is it any wonder that the student has headache, loss of appetite and general debility, after breathing such an atmosphere for days, weeks and months? Is it any wonder if a person arises in the morning, being languid and faint, after sleeping all night in a small room, with windows and doors closed tightly, and without any other means of ventilation? The impure blood, made so by impure air, is constantly being visited by and acted upon by this poisoned fluid; the muscles, the bones, the nerves, the heart, the lungs, the brain, and in fact every tissue in the whole structure is under its baneful influence.

Who is capable of estimating the injury done to the system by such foul air? The finer feelings may be blunted, the holier aspirations may be thwarted, and the individual may be obliged to take a lower stand than he otherwise would, had every nerve and tissue been acted upon by pure blood.

Let us consider for a few moments an ordinary schoolroom, sufficiently large to contain forty industrious pupils of medium size and age, all seated and at work with windows and doors closed. Now calculating as above, and considering that there are forty pairs of lungs to breathe eighteen pints of air each and every minute, depriving each pint of air thus breathed of a considerable proportion of its oxygen, and throwing into the remaining atmosphere carbonic acid instead, you see that

in one minute about seven hundred pints of the air in the room has been breathed over, and at every successive minute this same thing transpires, and after each inspiration the air is deprived more and more of its life-giving principle, and in return is loaded with poison which, being re-inspired, poisons the blood, and hence makes feeble and unhealthy boys and girls. Now if such a change takes place in one minute in the atmosphere of all the school houses in the land, how about the hours and days to which children are subjected to such influences?

A person may exist for days without nourishment, but not without pure air. Did it ever occur to you why so many old and feeble people die after a very severe winter? Such persons have but little active employment, and they fill up the stoves with fuel, and hover about them, always guarding against the least amount of pure cold air as they would keep out of doors a deadly foe.

The consequence is, the blood rises to the brain, congesting it, and has a very feeble circulation in the lower limbs. Now while the brain is overloaded with blood the extremities become colder. While the head aches the feet are cold, and a sense of chilliness comes over them, and more fuel is added to keep warm, and every crack is doubly guarded, so that the cold from without shall not enter.

The system thus becomes poisoned by constantly breathing impure air, and becomes enfeebled and diseased, and they wonder in the spring, if alive, that they should be so feeble after having taken such good care of themselves during the winter.

It is a fact well known to physicians that persons easily affected by cold as often have it produced by coming from a cold atmosphere into a closely ventilated and heated room as from a warm room into the cold air.

Consumption thrives more rapidly in poorly ventilated and damp houses than in apartments which are abundantly supplied with God's free gift, pure air.

And, on the other hand, consumption is but little known where the climate is warm and dry, and also where the people live nearly in the open air, or have but poorly constructed houses.

Many a soldier has become strong and well while camping out, where it has been feared before enlisting that he had serious lung trouble. Who does not know that during cholera times there are very many more cases of this dreadful disease

in parts of our cities which have the poorest ventilation, and on the sides of streets where the sun but seldom shines?

Very many of our most malignant diseases among children, as well as adults, may be due entirely to this inhaling poisonous gases in the form of impure and devitalized air.

EDITORIAL NOTES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The Thirty-fourth Session of the American Institute of Homœopathy, held at Lake Chautauqua, June 26th to 28th, inclusive, may be regarded as in every respect a successful meeting. It was natural that, coming immediately after that grand gathering of homœopathic forces—the World's Homœopathic Convention—to which "everybody went," there would be a smaller attendance than usual, and the old stagers were somewhat surprised to find an actual attendance of active working members amounting to one hundred and three. The quality of the papers presented was excellent, although the quantity was not quite up to the mark, and the discussions, especially those of the sectional meetings, were equal to the best.

Socially, the meeting was an excellent one also, and everybody seemed to be well pleased. The ride on the lake, and the kind attentions of Drs. Ormes, Couch, Alling, and others, will never be forgotten; while the banquet, with its speeches of more than usual excellence, and the hop afterwards, afforded much pleasure to all who participated.

The Institute elected the following officers for the ensuing year:

President, J. C. Burgher, M.D., Pittsburg, Pa.; *Vice-President*, J. C. Sanders, M.D., Cleveland, O.; *General Secretary* (for five years), R. J. McClatchey, M.D., Philadelphia; *Provisional Secretary*, Joseph C. Guernsey, M.D., Philadelphia; *Treasurer*, E. M. Kellogg, M.D., New York.

The Institute adjourned to meet at the Put-in-Bay House, Put-in-Bay Island, Lake Erie, O., on the third Tuesday in June, 1878.

THE HAHNEMANNIAN MONTHLY.—With this number we enter upon a new volume—the thirteenth—of our journal, under most favorable auspices, and with brighter prospects than ever before. No doubt our subscribers have been sorely vexed at the delay in issuing the monthly numbers, which has recently been manifested. Both editors and publishers greatly regret that this should have occurred; but it fell to the lot of the editor to be so overburdened with a variety of work, that it was well-nigh impossible for him to get through with it all and keep all his "irons hot." This is no longer the case, however, and hereafter the journal will be issued promptly within the first week of every month,

and furnished to subscribers with the utmost promptness and dispatch. The associate editor will assist in the good work, and we hope to be able to present columns of valuable practical and scientific matter monthly, together with the freshest and newest editorial notes and book notices. The new department established with this number, and for which the valuable aid of Dr. W. H. Winslow, of Philadelphia, a gentleman of extraordinary culture, both medical and literary, has been secured, is intended to present the cream of the practical part of the European homœopathic journals, and will constitute a valuable annual summary of homœopathic practice in Europe. It will comprise from twelve to sixteen pages monthly.

Reports of societies, with their papers and discussions, special papers, etc., will continue to constitute the bulk of the journal; while the same attention as heretofore will be given to the proofreading and general typographical excellence of the magazine.

The publishers request all subscribers to pay up at once. The subscription is due and payable in advance, and the rules of the publishers should be complied with: Fortunes are not made by editing or publishing homœopathic journals, and it is as little as subscribers can do to pay as they go and not fall into arrears.

SPIRIT OF THE MEDICAL PRESS.*

DR. C. B. KER, in the *British Journal of Homœopathy*, July, 1877, gives a record of eight cases of that singular disease termed herpes zoster, or shingles. The patients were all women; six of them old women over sixty; five were affected in the right side, three in the left; in four the chest was attacked, in three the abdomen, and in one the occiput, upper part of nape, and face. A chill marked the commencement of most of them; they were run down in health at the time of the attack. In most of the cases pains, sometimes very severe ones, preceded the appearance of the eruption, and the eruption showed itself, when it did appear, on the line of pain. The eruption varied greatly in appearance and extent; in some cases it lasted from seven to ten days, in others from three to four weeks. There was no itching of the skin in any of these cases in any stage of the disease. There were great differences in the line of pain, its character, duration, and severity; there was sometimes scarcely any, and that only while the eruption lasted. In other cases there was a week of

* NOTE BY THE EDITOR.—In this department it is our purpose to present a monthly résumé of the most important and interesting practical matter contained in the European homœopathic journals, British and Continental, presenting the matter as briefly as possible consistently with a clear expression of the writer's meaning, together with occasional brief excerpts from allopathic journals, American and foreign. The very valuable assistance of Dr. W. H. Winslow, of Philadelphia, has been kindly volunteered, and he will furnish the matter from the German, French, Italian, and Spanish magazines. We thus propose to furnish our readers with the cream of the European medical literature.

pain before the appearance of the eruption, it lasted the ten days of the eruption, and it continued for many months, in two of the cases for many years after its disappearance. There were a great variety of other constitutional and accompanying symptoms.

Rhus and Arsenicum were prescribed in all these cases, and, according to circumstances, Graph., Bry., Lyc., Ferri. ac., Merc. sol., and Sulph., during the stage of the eruption. For the neuralgic pains was prescribed with more or less success, Mez., Bell., Coloc., Phosph., Phos. ac., Spigel., Verbas., Acon., and Dolichos pruriens. Mezereon seemed to do most good for the pains. Alcock's porous plaster was used in one case as a support to the parts, and to supply warmth, and seemed to give some comfort. Dolichos pruriens, one of Dr. Jacob Jeane's remedies, and first recommended for zona in the *Hahnemannian Monthly*, was used in one case with some good effect. For the insomnia, Dr. Ker prescribed Morph. acet. in one case, and Camphor in another, and both with good effect; in other cases he found Mezer. sufficient, or Plat., or one of the other drugs mentioned. In all, sponging with warm water, drying and dusting with powder was had recourse to, with great relief. Bed, rest and flannel were prescribed until the eruption was over; diet was unchanged; stimulants were not allowed, except where there was great weakness, with pale urine, and then wine was given.

Dr. Ker thinks that Arsenic should be more relied on than it is, considering the fact of its being, "in the opinion of so good an authority as Mr. Jonathan Hutchinson, capable of producing a disease in every way resembling shingles." In summing up, he comes to the conclusion that "there is no absolute treatment which either old or new school physicians recognize as the best in this disease; that the pathology is doubtful, and that the etiology is unknown."

DR. ROBERT T. COOPER (*Idem*, p. 243), in his fourth *Clinical Lecture*, relates a case in which *Arnica* proved of great usefulness in mammary abscess, at once relieving the pain, causing the swelling to lessen, the purplish-redness to disappear, and the abscess to discharge healthy pus very soon after; and this after the knife had been used twice, the first time ineffectually, and the second time with the result of a flow of pus and blood, and a subsequent increase of pain and swelling. "Our case shows this, that when the lancing of an abscess is not followed, even though pus be found, by relief, when the pus comes mingled with blood, and when instead of continuing to flow, the opening made by the lancet closes up, and inflammation begins to spread from the seat of the abscess, the patient being extremely weak, and the affected parts painful and swollen, the local application of *Arnica* may alone avert the coming struggle." Dr. Cooper recommends the use of *Arnica* lotion after confinement as tending to prevent septic absorption, and generally commends its use as an antiseptic. He also speaks in very high terms of the use of *Argentum nitricum* in *gastrodynia*, arising from a variety of causes, and makes up the following picture: Delicate nervous females; when the *gastrodynia* arises from depressing causes, nightly watching, etc.; troublesome feeling of malaise in the region of the stomach, relieved by pressure; patient frequently presses fists into region of stomach; feeling of emptiness in stomach; frequent desire for food and drink; insatiable hunger; depression of spirits; water-colored urine; anæmia; an ill-nourished anæmic frame, bending forward while the side is grasped in pain; hawking of phlegm and belching of wind.

A violent burning pain which came on after eating, "across the stomach," and prevented the taking of food, was cured by applying a few drops of chloroform to the affected part upon a wet flannel.

The symptoms of *Bismuth* are peculiar in having a definite interval always elapsing between the time of eating and the outset of the distress,

half an hour or two hours after. Bismuth is best given dry on the tongue, according to Dr. Bayes.

A CASE of *Urticaria*, in which Hydrate of chloral was effectively used, is related in the June number of the *Monthly Homœopathic Review* (London), p. 341, by Dr. J. C. Burnett. The writer says that his method of treating urticaria for many years was routine, being merely the using of *Urtica urens*, which cured every case he had, some twenty-five or thirty. He gives the following fragmentary proving, which arose from the drinking of "nettle beer," for a week or two in the spring: "Felt very sleepy, especially in the afternoons from two to four o'clock." "Catches in the hamstrings." "Stinging and itching in the backs of the hands and tops of the feet (not in the soles or palms), waking him up at night."

In the case referred to he gave *Urtica u.*, Thuja, Sulphur, and Dulcamara for three months without effect, and then prescribed Chloral, from its well-known ability to produce a stinging and itching eruption resembling nettlerash. This remedy cured the case, marked improvement setting in in a very few days. Allen presents the following symptoms of Chloral: "*Eyelids become red and swollen.*" "*Elephantous swelling of the face, cheeks, eyelids, and ears now set in.*" "*Eruption on arms and legs, exactly like nettlerash, in large raised wheals, with intense irritative itching.*" "In some nettlerash occurred." Dr. Burnett gave two grains three times a day of the first decimal trituration.

SALICYLATE OF SODA AND MENIERE'S DISEASE.—The *Review*, p. 376, quotes from a paper on Menière's disease, or auditory nerve vertigo, in the *British Medical Journal*. Under the caption "Production of Auditory Nerve Vertigo," the following effects of Salicylate of soda are recorded:

"Before speaking of the treatment of this affection, it is worth remark that auditory nerve vertigo can be produced artificially. Quinine produces a sense of confusion with tinnitus; but very definite symptoms may be caused by Salicylate of soda. This was shown very strikingly in the case of a patient lately under treatment for acute rheumatism in University College Hospital. The patient was a woman, aged forty, whose hearing was supposed to be impaired. She was not subject to giddiness. It was her first attack of acute rheumatism, and there was no cardiac affection. On January 26th, Salicylate of soda was commenced in doses of twenty-five grains every three hours. On the 28th she complained of noises in her ears, deafness, and giddiness, which the next day had increased so much that the drug was omitted. The following day the giddiness was much less, and by the 31st had almost gone. On February 6th the same dose was resumed; on the 7th the same symptoms were complained of. The noises in the ears were constant; a watch was heard only at two inches distant from each ear, and was not heard at all on either side when in firm contact with either the zygoma or mastoid process. A tuning-fork on the vertex was heard fairly well, but the sound was not increased by closing the ears. The giddiness was slight and indeterminate as long as she lay still, but was very considerable and definite when she raised her head or sat up. Objects before her all seemed moving to the right. On the 8th these symptoms continued, and the Salicylate was discontinued. On the 10th the giddiness was gone, and she could hear the watch at a distance of six inches from each ear, and could hear it, although faintly, in contact with the zygoma or mastoid process, but not when in contact with the parietal eminence. On the 23d the Salicylate was resumed, and eighteen hours after its resumption deafness and giddiness had returned, which again ceased a day or two after discontinuance of the drug. When the patient was convalescent, a careful examination of the state of hearing revealed very little abnormal-

ity, the only difference being that the watch in contact with the skull was not quite so distinct on the right side as on the left. In another case I have seen similar symptoms of deafness and definite vertigo produced by Salicylic acid."

[On reading this article, we at once administered the Salicylate of soda to a patient suffering from auditory nerve vertigo, who had failed to find relief from Bell., China, Cimicif., Conium, and other remedies. Two-grain doses every three hours were given, with almost immediate relief; and within a week the whole train of troublesome symptoms had disappeared, leaving normal hearing. A troublesome nausea accompanied the head symptoms, and this was the first symptom to disappear under the use of the Salicylate.—EDITOR H. M.]

In the July number of the *Review*, p. 408, Dr. Burnett records an *Accidental Proving of Chamomilla*, caused by a young lady drinking the dregs of her "pa's chamomile tea." The following symptoms were produced, given in the language of the young lady: "Pain in the belly from side to side just above the navel, corresponding to the transverse colon, commencing on the right side and going over to the left; then the bowels became relaxed, the stools were at first *white*, and then *putty-like*; then pretty severe vomiting with griping, and great ineffectual desire for stool. Feeling of griping, and coldness and chilliness in inside of abdomen, passing downwards into the legs as far as the knees. Tongue coated white with islands on it. An intense headache on the top of the head, as from pressure from within, and feeling as if the top of her head were blown off."

The Chamomilla headache is *pressive* above all things. The description of the stool is noteworthy; it was at first white, and then putty-like.

DR. ARTHUR C. CLIFTON (*idem*, p. 420), in a paper entitled "Notes from Practice," gives some excellent points in relation to the use of certain remedies. The first of these, *Magnesia muriatica*, he has found very useful in congestion and enlargement of the liver, with such symptoms as bilious diarrhœa, headache, pain in the right side, large flabby tongue coated yellow, some œdema of the feet, dyspnœa, and palpitation of the heart. He relates four cases successfully treated with this remedy out of seven, the prominent symptoms of all being very enlarged and indurated liver, which had been preceded for months or years by recurring attacks of indigestion, biliousness, constipation, with large hard motions like balls, and inability to lie on the right side.

The *Magnesia m.* has also proved useful in some cases of *ozæna*, where the discharge was thin and acrid, or with snuffing or stuffing of the nose at night; ulceration of the edges of the nostrils, causing the patients to pick the parts affected; tendency to sweat about the head or feet.

Also in *headaches* similar to those indicating *Silicia*: Compressive dullness, better by wrapping up the head warm, but, unlike *Silicia*, worse in the open air; general tendency to sweat on little excitement. In the *nausea of pregnancy*, where there has been, previous to marriage, some hepatic disorder with constipation, or else uterine spasms with metrorrhagia. Also in *nocturnal involuntary emissions*.

Magnesia carb. cured a case of metrorrhagia in which the flow was always worse at night in bed, and in this case it also cured a frequent diarrhœa to which the patient was subject, besides correcting a dyspepsia and an inability to take milk. Also in young children where milk causes pain in the stomach, is rejected, or passes the bowels undigested; the stools are green, sour-smelling, and attended with colicky pains.

His remarks on *Kalmia latifolia* are of so much importance that we transcribe them nearly entire. "I have used," he writes, "this medicine with beneficial results in rheumatism, in organic heart affections,

and in neuralgia. In acute articular rheumatism its principal sphere of action is in cases where the pains shift about from joint to joint, more especially in those where they begin in the upper extremities, and are subsequently felt in the lower, the joints being hot, red, and swollen; pains worse on the least motion, and during the early part of the night, or soon after going to bed. It is indicated where there is no marked rheumatic diathesis, but where the rheumatoid pains have arisen from a sudden chill or exposure to a cold wind. In these cases there is not much fever, heat, or perspiration, the pulse being only slightly accelerated, and, indeed, in many instances slow. I have also found it useful where the pains seem suddenly to leave the extremities and go to the heart, where the pain is shooting, stabbing through to the left scapula, causing violent beating of the heart, with an anxious expression of countenance, a quickened, but weak pulse, and difficult breathing. In some organic diseases of the heart, such as hypertrophy with dilatation, and aortic obstruction, where there is severe pain in the cardiac region, with slow, small pulse, I have seen *Kalmia* afford marked relief in two cases. In one of fatty degeneration of the heart, with attacks of angina pectoris, slow, feeble pulse, eructations of wind, dyspnoea, and pain, this drug afforded relief several times when other medicines had failed. . . .

"The cases of neuralgia in which I have seen it of service have been those in which, whilst the pain was very severe, unattended with much general or marked degeneration of health, except weakness, the pains have mostly been brought on by exposure to cold, occurring at irregular times, continuing for no definite period, coming suddenly or gradually, and leaving as uncertainly, worse by worry, by mental exertion, relieved by food. They have generally been felt on the right side of the head, ear, and face, and even *going down* the arm, sometimes attended with numbness, or rather *succeeded* by numbness in the parts affected; the pains being of a sticking, tearing, pressing character, or shooting in a downward direction; there may be vertigo, worse on stooping or looking down, with flushing of the face. A severe case of neuralgia of the right arm I have recently treated successfully by this remedy. The lady had suffered for more than a month, and had been treated a week without benefit; the pains proceeded from the neck, which was tender to the touch, down the arm to the little and fourth finger; the pains were paroxysmal, worse in the early part of the night, and were attended with some amount of stiffness; there was a marked slowness of the pulse, only forty-eight beats per minute, but as that had existed for some years I had not, during the first week of treatment, taken it into account. After taking five or six single drop doses of *Kalmia* 3 at intervals of four hours, she was much relieved, and at the end of forty-eight hours ceased to have pain. The *Kalmia* was continued at increased intervals and in the 6th potency for some weeks, when her pulse had attained the number of sixty-eight beats per minute, and she was in good health. It might be thought that this was a case of rheumatism, but there was no evidence that it was from any other symptoms. I nearly always give the 3d potency for neuralgia. . . . I would add that I have scarcely ever seen *Kalmia* do good when the pains were located in the *left* side of the head or face."

THE Chinese (*Homœopathic World*, June, 1877) use fish and fish oil in consumptive cases. They believe consumption to be contagious through the medium of a worm that is expelled at the moment of death, which enters the bodies of those in attendance through the breath; hence they sometimes put such patients into a coffin while yet alive and throw them into the river. One young woman thus treated was found floating in a coffin by a fisherman, fed on shad, and she recovered and became her savior's wife. The oil of the shad is highly esteemed. Here seems to be

the beginning of cod-liver oil treatment, though the Chinese know nothing of this oil. The Chinese have also a knowledge of the medicinal virtues of the various species of *Laminaria*. Of one sort of seaweed it is said that tumors as hard as stones can be softened and removed by it. Seaweed is especially recommended in enlarged testicle, and in all sorts of hard, cold, chronic tumors that never suppurate. In fact the uses to which this people put seaweed greatly resemble our uses of Iodine.

MR. CHARLES HIGGINS, F.R.C.S.E., quotes (*Idem*, p. 253) five cases of *Bright's disease* from the London *Lancet*, in which the occurrence of retinitis was the first symptom which led to its detection through the use of the ophthalmoscope. In every case the ophthalmoscope showed yellowish-white opaque dots scattered about the retina, which are characteristic of albuminuric retinitis, and in some cases hæmorrhages, and on testing the urine albumen was found. Mr. Higgins states that he is inclined to think that retinitis is, in many cases, an early symptom of Bright's disease, and not a late one, as stated by Soelberg Wells, and may even occur before sufficient change has taken place in the kidneys to admit of albuminuria, and mentions two cases in which the ophthalmoscope gave evidence of albuminuric retinitis, although tests failed to show albumen in the urine, while, however, the urine gave a plentiful precipitate with tincture of galls, which, as has been pointed out, shows the presence in the urine of blood extractives, and possibly of a prealbuminuric stage.

DR. ROBERT T. COOPER, the champion of the intermittent action of Sulphur, relates two cases of cure of *ague* by Sulphuric acid (*Idem*, p. 263). One of these presented the following symptoms: there are pains across the loins, much shaking of the whole body, with shivering as from cold, coming in paroxysms. The fits begin with coldness and trembling, and then comes general tremor; they keep about for two or three days, and come very irregularly, sometimes in the evening, sometimes in the morning. The bowels are regular; but he complains of his tongue being parched, of his appetite failing when the fits are on, and that during their continuance urination is painful, much ardor urinæ and tenesmus being felt. After the "cold shivers" cease he gets warm, and perspires very much; first, then, come coldness, with pains round the back and difficulty in urinating, then shivering, followed by heat and perspiration, while thirst prevails throughout. The fits leave him with such pains across the loins that he is prostrate for days after; they seize him about as often as twice a week. The patient had the second decimal dilution of Sulphuric acid, fifteen drops to three ounces of water, thrice daily, which was repeated once thereafter.

DR. ROTH's method of preventing and curing small-pox by the use of vinegar has received confirmation at the hands of a Dr. Oliphant, of Toronto, Canada (*Idem*, p. 321). Dr. Roth's custom was to order both sick and those who were exposed to the contagion to take two table-spoonfuls of common vinegar, with or without water, one hour after breakfast, and a repetition of the same dose towards evening, for fourteen days. For half-grown and feeble persons one-half of this dose was administered. The sick-chamber was fumigated twice daily with vinegar by evaporation from a hot shovel. Few persons thus treated took the disease at all, and none who adopted the prophylaxis died, while the usual mortality continued where the ordinary treatment was adopted. Dr. Roth's theory is that the contagion consists in absorption of a yeast ferment whose active poison is destroyed by contact with an acetic blood plasma. Dr. Oliphant relates cases in which he employed "raspberry vinegar" in preference to the ordinary article, on account of its pleasant taste, and with marked good results.

Dr. George Lade, who communicates Dr. Oliphant's letter to the

World, in an article in that journal, recommends the Acetic acid as a preventive of desquamation in scarlet fever.

HAND-MARKS UNDER THE MICROSCOPE.—In a recent lecture, Mr. Thomas Taylor, Microscopist to the Department of Agriculture, Washington, D. C., exhibited on a screen a view of the markings on the palms of the hands and tips of the fingers, and called attention to the possibility of identifying criminals, especially murderers, by comparing the marks left upon any object with impressions in wax taken from the hands of suspected persons. In the case of murderers, the marks of bloody hands would present a very favorable opportunity. This is a new system of palmistry.

DR. JOHN WILLIAMS, in the *Obstetrical Journal of Great Britain and Ireland*, July, 1877, p. 251, discusses *membranous dysmenorrhœa*, and closes with the following conclusions:

1. The dysmenorrhœal membrane is not the product of conception, but the decidua ordinarily shed as débris with every menstrual epoch.

2. It is expelled as a whole, or in masses, in consequence of an excess of fibrous tissue in the wall of the uterus. This excess is due to imperfect evolution at puberty, imperfect involution after parturition or abortion, or is the product of acute inflammation.

3. The membrane is neither the result of an ovarian condition, nor of an hypertrophy of the ordinary decidua.

4. The chronic inflammation present is the result of the monthly expulsion of the decidua in masses from the uterus, and plays an accidental part only in the formation of the membrane; the inflammation may, however, be independent of the expulsion of the membrane, but it has no causal relation to the formation of the latter.

5. Sterility is not necessarily associated with the affection, but is the result of the condition induced by the expulsion of the membrane in masses from the uterus—inflammation of the uterus and ovaries.

6. The membrane may be expelled without pain.

7. Inflammation of the uterus greatly aggravates the suffering caused by the passage of the membrane along the cervical canal.

8. Great relief may be obtained by curing the inflammation of the cervix, though the membrane continues to be expelled every month.

9. In order to effect a cure, the structure of the whole of the body of the uterus must be altered; the excess of fibrous tissue must be removed.

THE German, French, Spanish, and Italian homœopathic periodicals give long and touching obituary notices of Dr. Carroll Dunham. *Hirschel's Zeitschrift* says: "He was at all events one of the best and most worthy representatives of scientific American homœopathy, and his loss is therefore so much the heavier."

The *Revue Homœopathique Belge* says: "Our school will feel for a long time this loss, which takes away one of its most noble representatives."

El Criterio Medico says: "The Hahnemannian school has no record of one of its members more renowned than he who has left us in order to unite himself in the other better life with his master, the celebrated Dr. Bönninghausen, of the same disposition, practical talent and profound knowledge which has distinguished him. It is a great loss, which we lament deeply with all those who love the purity of the homœopathic doctrines and their progress, of which Dr. Dunham was the champion."

The *Revista Omiopatica* devotes two pages to our illustrious countryman. It tells of his valuable contributions to homœopathy, of his great labors and personal sacrifices as President of the World's Homœopathic Convention, and of his kindly sympathies and noble nature as a man.

The musical language of "sunny Italy" is fit to sing the requiem of

this great, good man, and the "Povero Dunham! Ecco, amico mio, un altro vuoto nelle nostre file"—is enough to draw tears to the eyes and to awaken a livelier affection for our Italian brethren.—W. H. W.

(Hirschel's *Zeitschrift*, Dresden, April, 1877.) Dr. Heyberger relates a curious case. A woman, fifty years old, came to him and complained that she had a piece of meat lodged in her throat. She had gone to church without any breakfast, and returned very hungry. A neighbor had presented her daughter with a large piece of meat. The poor woman could not contain herself, and cut off a piece of the rare titbit and eagerly swallowed it. On account of her bad teeth, or her haste, she left the morsel pass not well chewed, and it went no farther in the œsophagus than the region behind and just under the larynx. It would go neither up nor down, and choking supervened and continued, until after awhile, the power of the muscles diminished and a pause ensued, when a quantity of mucus and saliva escaped from the mouth. All attempts to remove the object, by tickling, by pressure, and by attempting to swallow cold or warm water, were in vain. With each effort of relief came a feeling of constriction and spasm of the throat. Essays with œsophageal forceps awoke most violent laryngeal spasms when the instrument approached the object, and the glottis was seen behind the uvula. The same disturbances occurred when trials were made with the sound and probang. An emetic was not given, because it could not be introduced into the stomach in sufficient quantity. The patient was left for the night, in hopes that vomiting or maceration of the meat by gastric juice might relieve her. In the morning she was very pale and weak. Anxiety, care, and fits of choking had deprived her of sleep; vomiting had begun twice, but brought no relief. A strong solution of tartar emetic administered produced a few diarrhœic stools. The quantity of mucus and saliva discharged was great. Trials were made, as the day before, to relieve the sufferer, but without success, and the patient suffered much in consequence of them. She was most tormented by great thirst, which could not be relieved.

A consideration of the condition, the depicted state and appearance, led to the conclusion that there was not a mere mechanical obstruction, but one arising from an antagonism of the muscular layers of the circular and longitudinal muscles of the œsophagus, producing an irregular contraction, and thus arresting the object.

A choice was made without delay from the most characteristic remedies resembling the symptoms: Lachesis, Lycop, Bell, Ammon. carb. Of these Lachesis 6 was given, a dose every hour during the intervals of rest. As we could not depend upon the medicine being swallowed, a possible action was based upon absorption through the mucous membrane of the throat. After the first dose and the lapse of an hour, as there was no improvement, the patient lost courage, and asked for the priest. After the second dose, it appeared to the patient as if there were more room in the throat, and she tried to appease her painful thirst with milk. She became more hopeful, and in fifteen minutes drank a full glass of milk. Newly strengthened and encouraged, she took the third dose. After this the morsel of meat seemed to be looser, still she could not move it any. A few minutes after taking the fourth dose the meat slid by an involuntary swallowing downwards, and the pressure and choking vanished.

The patient strengthened herself with milk, and passed the night in refreshing slumber. After a week she still complained of weakness, and did not rest well from the effects of the fright.

Although Lachesis performed its work well in this case, so could the other remedies render good service if it should fail. [Was the Lachesis

successful because the *Lachesis trigonocephalus* swallows his prey much in the same difficult way this woman did the meat?—Tr.]—W. H. W.

(Hirschel's *Zeitschrift*, Dresden, April, 1877.) The Doctrine of the Physiological Functions of the Vagus Nerve By Dr. Rosenbach. (I) The author, in the course of his researches upon the mechanism of respiration, has arrived at the following conclusions:

1. The respiration is excited by a certain condition of the blood (venosity) in the vessels of the medulla oblongata. All observations which favor an active reflex respiratory irritation, which proceeds from the lung or from the periphery, and is conducted along the vagi to the respiratory centre, are neither convincing nor tenable.

2. Every centripetal, mechanical, or electrical irritation conducted in the course of the said nerve, whether in the trunk or its branches, causes a pause in respiration, or, at least, an expiration.

3. There is no active expiration which is propagated from the centre outwards, as in the centre only inspiratory irritation acts.

Every expiration is only a dependent return of the innervated part to its condition of rest, through interruption of the central inspiratory innervation.

4. This interruption of the inspiratory innervation is caused by centripetal irritation conducted in the vagus. The vagus and its branches are also inhibitory nerves for inspiration. The difference in the action of the vagus and of the superior and inferior laryngeal nerves is only a quantitative, not a functional one.

5. The vagus acts probably through inhibition, as it influences the size of the bloodvessels, the contents of which form the irritation for inspiration.

6. The apnœa, that is to say, the condition of failure of inspiratory innervation, is not merely caused by the excess of oxygen in the blood, but mechanically, united necessarily with artificial respiration; the centripetal irritation conducted along the vagus, through its additional influence, acts to produce a longer arrest of the inspiration; or, in other words, the mechanical distension of the lung by air is an irritation by the vagus, which now exercises its limited action upon the vessels of the medulla, by which the inspiratory irritation is diminished. Beside the greater capacity of the blood, this last action of the vagus plays a not unimportant rôle in the production of apnœa.

7. There are conforming to this, two kinds of apnœa: one from overflow of oxygen in the vessels of the medulla, the other from a diminution of the inspiratory irritation in the medulla, in consequence of contraction of its vessels, which last is caused by the vagus.

8. The centrifugal vagus (fibres) has for the heart the same significance as the centripetal for the medulla oblongata. It is the vaso-motor nerve of the heart, the contractor of the coronary arteries.

9. The irritation of the centrifugal vagus proceeds likewise from the contents of the vessels of the medulla oblongata. Narrowing of the vessels of the medulla, or diminished venosity in the blood of the same, causes a lesser irritation of the heart vagus. Corresponding with this, the pulse is increased at the beginning of expiration, as the previously described action of the lung vagus upon the vessels of the medulla is the greatest at the end of inspiration.

Upon the same ground (on account of lessened venosity in the medulla), the pulse is increased during apnœa and in the highest degree of failure of innervation of the heart vagus; *i. e.*, after its section upon both sides the heart action is the most increased, because then no inhibitory action is conducted by the vagi, and the coronary arteries are no more narrowed.

10. After section of the vagi, however, the heart-beats remain rhythmic, because there exists a force in the heart for self-regulation. Each

systole cuts itself short in a measure, that it may drive a good arterialized blood into the coronary arteries, which are no longer able to cause innervation irritation for the heart ganglia. From this the no longer innervated heart-muscle releases (diastole), and contracts again when the venosity of the blood in it increases.

11. From these statements it is apparent that there is a perfect analogy between the mechanism of respiration and the heart's action as well as between the single phases of breathing and those of the heart.

12. In a series of experiments upon rabbits, in which the occurrence of apnœa was hastened and its duration prolonged by free venesection, it followed that the inspiratory irritation resided in the existence of a constant exciting material, which was due to the quality of the blood. This material becomes weakened in its power, through a supply of oxygen, and herein lies the explanation of the apparent contradiction, that oxygen, as well as narrowing of the vessels, can act through decreased irritation. The supply of oxygen changes the qualitative irritation, the narrowing of the vessels the quantitative.

13. The peristaltic movements of the stomach and intestines from irritation of the vagus in the neck are not caused directly thereby. The vagus is the motor nerve of the stomach, but through its irritation there is produced, at the same time, a retardation of the frequency of the pulse, even to the stoppage of the heart, and thereby an increased venosity of the blood, which irritates the ganglia of the stomach and intestine. Irritation of the vagus *below* the heart causes no contraction of the stomach.

14. The splanchnic is in the same manner the vaso-motor nerve of the intestine, as the vagus is for the medulla oblongata, heart, and stomach.

15. After the death of an animal from hæmorrhage, as well as from other causes, irritation of the vagus produces, after a considerable time, movements in the arrested heart, stomach, and œsophagus. The vagus contains motor nerves for these organs, as does the splanchnic for the intestines; for irritation of the latter after death calls forth movements in the intestines.

16. There exists an analogy in the actions of all the organic muscles, including the heart, which, in spite of its transversely striated fibres belongs to the involuntary muscles, in the regulation of their movements through certain nerves.—W. H. W.

CHOREA (*Idem*).—Dr. W. Heyberger reports the following cases from practice: A girl, eleven years old, medium size and blonde, with the body in continuous agitation and her hands in her pockets, came for treatment.

Epilepsia was hereditary in the family, but her parents had not suffered from it. The patient was otherwise in good health. The cause of the malady was supposed to be a fall upon the stairs, which contused her foot and frightened her. Then her teacher at school reproved her for a failure in her lesson; she then took cold, and soon after was attacked by chorea.

All the functions were normal, except a continual trembling of the body and jerking of the upper and lower extremities, when she removed her hands from her pockets. When the hands were restored to their accustomed resting-place, the jerkings ceased in a great measure. It was necessary to feed her, and, as she could only make a couple of steps at a time, she sat in a chair most of her time. The mother said that sometimes in the night, when the girl was asleep, she became quite stiff and had much rattling in the throat.

There was increased temperature of the neck and face; and this, with the other symptoms, indicated Belladonna, which was given a couple of days without effect. Platina was then administered two days, but no amelioration followed. Cuprum seemed to correspond with the symptoms somewhat, and was given for eight days, with no perceptible effect. It now occurred to me that I had neglected the primary causes of the at-

tack, the fright and the mortification from the teacher's rebuke, and the nearest similar, Ignatia, was selected, a dose of the 4th to be taken morning and evening. This remedy acted favorably. The jerking, fitful headache, palpitation of the heart, nightly restlessness and sleeplessness were much improved; still the agitation and night attacks continued.

Now *Asterias rubens*, which a few symptoms seemed to indicate, was given. Three doses of the 12th were given daily, and in three days the agitation and night attacks ceased, and in eight days every trace of the disorder had vanished.

Would *Asterias* have produced the same rapid cure alone?

INVETERATE EPILEPSIA.—Anna L., twenty-one years old, a large, strong, blooming young woman, suffered from epilepsy. Her menstruation and other functions were normal. A great fright of her mother, when she was nursing her, was given as the cause of her trouble.

The paroxysms came irregularly, mostly at night, always violent, and of long duration. For several months remedies of all kinds had been taken without any benefit, until at last the periodic *Bufo* was administered. This changed the symptoms; the attacks lost their strength and frequency, so that at last they were absent several months, and the happy parents and patient thought the disease about cured.

The patient now became pregnant, and ceased to take medicine, as with the advance in pregnancy the attacks ceased. Towards the end of the ninth month, one morning a paroxysm occurred so violent that child and placenta were expelled with much force.

I was called, and in spite of all haste, I found—only the corpse of the mother and child.—W. H. W.

TREATMENT OF SIMPLE ICTERUS (*Bibliothèque Homœopathique*, Paris, April, 1877).—Dr. Ozanam gives a capital article upon icterus. Of treatment he says: *Mercurius* 3d to 30th is generally indicated in icterus. Its specific action upon the liver and bile makes it a precious medicine, but as it rarely covers all the indications, one can alternate with others.

Aconite.—If there is fever, local congestions, epistaxis, or diarrhœa, and when there may be a moral cause, as sadness or anger.

Bryonia.—If there is pain in the liver, cramps in the stomach, a tendency to diarrhœa and vomiting.

Carbolic Acid.—A medicine yet little studied, but which produces a universal jaundice, and which covers most of the symptoms of icterus; it has already been employed with success in several instances.

China.—If there is great depression, feebleness, breathlessness.

Digitalis.—If there is nausea, vomiting, a slow and irregular pulse. This is often sufficient by itself to cure the disease.

Euphorbia esula (tithmale).—In icterus with rebellious jaundice, feebleness and emaciation, the juice may be given, one to five grammes daily.

Ipecac.—When digestion is disturbed, there is anorexia, vomiting, diarrhœa, yellow and pasty tongue.

Nux Juglans.—This dissipates the icterus which persists after the general symptoms have subsided. It has only been given in strong doses of four grammes of the powder *per diem*.

Nux Vomica.—When there is cardialgia, constipation, pain in the intestines, and the disease is from a moral cause, such as excitement, anger, or chagrin, or a sudden chill.

Podophyllum Pelt.—When there is constipation, decolorized chalky stools, dyspepsia, vomiting, restless sleep with trembling and tears, intermittent pulse, palpitations and suppression of urine.

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MEDICAL LITERATURE.

Report of the Committee on Medical Literature to the American Institute of Homœopathy, June 26th, 1877.

BY A. E. SMALL, M.D.

(Published by request of the Institute.)

THE addition to our book literature during the past year has been of a character that commends itself to the entire profession. It is scientific and practical in its sphere, and reflects a credit upon the indefatigable labors of the respective authors, which cannot fail of being appreciated as greatly in advance of the medical periodical literature of the day.

The *Condensed Materia Medica*, by Constantine Hering, M.D., furnishes a book of ready reference to the practitioner, and is but another gem in our literature to be placed side by side with the other valuable works of their indefatigable author.

The two additional volumes of the *Encyclopedia of Materia Medica*, by T. F. Allen, M.D., indicate the advance that is being made in the publication of one of the greatest and most valuable works that can adorn a medical library. The nature and extent of the enterprise, as well as the reliable knowledge it imparts concerning the capacity and powers of so vast a number of remedies, must secure a unanimous verdict in its favor, and also an abiding gratitude and admiration for the industry, perseverance, and accurate labors of the author.

Not less meritorious is the work on *Clinical Therapeutics*, by Temple S. Hoyne, M.D., of which the first and second parts of Volume I have been issued, showing the clinical uses of *Aconite*, *Belladonna*, *Bryonia*, *China*, *Nux vomica*, *Phos-*

phorus, *Rhus toxicodendron*, *Sulphur*, *Gelseminum*, *Veratrum viride*, *Arnica*, and *Carbo vegetabilis*. This book, issued in parts of 112 pages each, and now in course of publication, promises to be a work of great merit when complete. Judging from the two parts already published, it must be conceded that the plan adopted by the author is eminently practical, and fills a niche in our book literature which competes successfully with all the preceding efforts to delineate the therapeutic use of remedies.

The third edition of the work on *Diseases of Women*, by Reuben Ludlam, M.D., has come fresh from the press since the last meeting of the Institute, and reflects the usual credit upon the well-earned reputation of the author. It has been translated into the French language, and is now in course of publication in Paris.

A new treatise on *Ophthalmic Therapeutics*, by T. F. Allen, M.D., and Geo. S. Norton, M.D., has also been published during the last year, the merits of which can be judged of from the well-known reputation of the authors.

A work on *Diseases of the Skin* has also made its appearance, from the fertile pen of Dr. S. Lilienthal, of New York. It was published originally as a supplement to the HAHNEMANNIAN MONTHLY. Although its modest author claims for it no more than that it is a compilation, it is nevertheless a valuable addition to our special literature, and in a second edition may be made still more so.

The above works have severally been noticed, as being valuable additions to any well-selected medical library. Some of them have not escaped the flirtation of the critic's pen. It is well understood, however, that some writers have more talent for magnifying unimportant defects than for comprehending on a grand scale the utility of an author's labors. Nevertheless, praiseworthy authors usually invite fair, truthful, and wholesome criticisms upon their labors, but not from those so smitten with the "cacoethes scribendi" as to write for all the journals and upon all subjects, without the ability of rightly comprehending any of them. It requires but little thought and less talent to be so filled with self-conceit that one can criticize or even puff a work, which, to say the least, has been a severe tax upon the author's time and brain. When works written for the profession are issued from the press, it would seem to be incumbent on the journals to give a brief but careful analysis of their contents, in order that something like a just estimate of their value may be made.

This would pave the way for the critical examination and improvement of our literature—a hint from which our periodicals may profit.

Our *Periodical Literature* during the past year, though quite as well sustained as in former years, has apparently fallen below that of our books, and suggests the thought of there being ample room for great improvement.

The *North American Quarterly*, the oldest of our periodicals now published, under the able editorial management of Lilienthal, has lost none of its prestige. Its pages continue to be well filled with well-written selected and translated papers, some of which seem a little verbose and heavy, and apparently wanting in the vivacity and brilliancy which usually mark the editorials of the indefatigable manager, and yet its loyalty to the cause which it advocates, as well as the number and variety of valuable papers which each number contains, renders it one of the most valuable periodicals of our school.

The *American Observer* still continues to be industrious in furnishing its readers with a fair amount of matter from its correspondents. It is in many respects valuable and interesting, on account of its aptitude for gathering up medical news, facts, and clinical experience. This journal has never been tardy in making its mensual round among its subscribers, although its infirmities for several successive years were made apparent by the amount of drugging to which it was subject from "new remedies." The profession may well rejoice at its present healthy condition, and the improved tone and vigor of its contents since its overstock of eclectic preparations has become exhausted.

The *Ohio Medical and Surgical Reporter*, with its excellent editors, chronicles much that is valuable, but its readers are somewhat inclined to complain for having to drink four or five cups before they come to the coffee. It will nevertheless repay those who have sufficient leisure to sit long at meals, to indulge in a monthly feast with this journal.

The *HAHNEMANNIAN MONTHLY* still fills its pages with material drawn from its ample resources. It maintains its loyalty to genuine homœopathy, and fearlessly exposes the charlatanry of those whose fondness for notoriety leads them to write so flippantly for all the periodicals of the day. Its pages are, for the most part, filled with well-written articles, void of prolixity and eminently practical. There has been a wise consolidation of this journal with that recently edited

by Dr. A. R. Thomas, and this promises to be a fruitful marriage.

The *Cincinnati Advance* is still advancing; its editorials are full of youthful vigor. Its articles are for the most part brief and enjoyable; some of them betray a pugnacious or controversial proclivity, spiced with a microscopic criticism far more amusing than instructive. But on the whole this periodical is well esteemed, and would be sadly missed if discontinued.

The *United States Medical Investigator* is a semi-monthly periodical, and from the fact that each issue is the fruit of two weeks' almost incessant care and attention by its editor, its merits must be apparent. It is generally well filled with communications, clinical essays, hospital and dispensary reports new and fresh from various fields of labor. While a just criticism might mete out a degree of severity to some of the correspondents, and especially to the careless proofreader of this journal, it may be said to be one of the best channels through which to gain information concerning the progress that medical science is everywhere making. It would, however, add greatly to the respectable standing of this journal, were a greater care exercised in excluding from its columns worthless communications void of dignity or good sense.

The *New England Medical Gazette* still maintains its regularity as the star in the East. It appears to be under the control of the less experienced members of the profession, and contains many well-written essays, and clinical hints more spasmodic in style and character than are well-digested articles from the experienced members of the profession.

The only remaining journal to notice is the *American Homœopathist*, born yesterday, and so far as we have learned, the mother and child are doing well.

With regard to our periodical literature in general, much might be suggested by way of improvement. The columns of our journals are too frequently filled with a rehash of old controversies, as dry as dead cedar in a limekiln, and of as little interest to their readers. Our therapeutics might be greatly improved were the fields of clinical experience more thoroughly cultivated and the results given to our journals. The review department, with one or two exceptions, has dwindled into dwarflike notices, which consist of the title-pages and the names of the booksellers who vend certain books. The need of a periodical review of medical literature as it emanates from the press, both dignified and just,

is felt generally by the patrons of our journals. There is a growing distaste for controversial articles, and the pages of a dignified medical journal will soon dwindle into personal diatribes and contention for the last word, where personal controversies are permitted. Liberty of speech and candid statements of the differing convictions of well-trained minds are always in place when there is no bigoted strife for the mastery. One of the most sacred of all inalienable rights is the privilege of reading, reflecting and meditating upon different views, with the right to choose from conviction, without the fear of partisan favor.

Another obstacle in the way of elevating to a properly dignified standard our periodical literature, is the proneness of certain scribblers to send communications, of no value except to make their names prominent as writers. When a writer becomes a universal correspondent of all the journals, he simply contributes to their weakness, and makes himself notorious among their patrons as one anxious to blow his own horn.

We hope the time will come when the proprietors of each journal will discriminate between such scribblers and careful and truthful observers. When we look back to the days of the old *Medical Examiner*, the *Boston Quarterly Journal*, and the early volumes of the *British Journal of Homœopathy*, and compare many of our modern magazines with those dignified journals, we are forcibly reminded of the degeneracy of most of our periodical literature.

Our foreign English journals, under the direction of such men as Pope, Dudgeon, Hughes, Drysdale and Shulldham, furnish us constantly with an exemplary literature, which we ardently hope will exert a benign influence in this country.

We have had a sufficient number of articles from the French and German journals translated into our vernacular to render it probable that the cause of homœopathy throughout the world is not wanting in an able literature to sustain it.

THE ALLOPATHIC ESTIMATE OF MEDICINE.*

WERE the profession of medicine the liberal one that it ought and is supposed by the laity to be, were perfect freedom

* From the Monthly Homœopathic Review, August, 1877.

of opinion and practice allowed not only in name but in fact, were those who conscientiously differ from their neighbors in the manner of treating patients committed to their care, respected on that account by their professional brethren of a contrary opinion, and were both parties openly striving together to advance medicine, each mutually helping the other, and each taking full advantage of the other's discoveries, it would ill become those of us who belong to the one school of medicine to show up the defects and the admissions of weakness on the part of the other, even though we believed we were in the right. But when one section of the profession, one forming the majority, systematically endeavors to crush a minority out of existence by measures utterly inconsistent with anything better than a trades union of the extremest type, when the minority have to fight for their professional existence, unless they prefer to be quietly snuffed out, then the circumstances are altered. Outsiders naturally, at all events not unnaturally, suppose that when the old school far outnumbers the new, when the celebrated names in the profession are found in the ranks of the majority, when the practice of the new school is a comparative novelty, and when it is pooh-poohed or ignored by those who practice in the ordinary manner, the majority must be in the right, and that there is something safe, sure and sound in their system, to which they can with satisfaction trust. This belief is studiously fostered by the majority, and it is a position which most of them feel bound to take up, in order to give color to their extraordinary treatment of the minority. On our part, therefore, and as part of our means of self-defence, it becomes an important point to notice in our journals, for the information of our readers, public statements made by leading men of the old school in regard to their belief in the kind of treatment they pursue, and the estimate they form of its value and scientific character. The notice from time to time of such statements, and they have been of late becoming more and more frequent, serves to strengthen the faith of any of our fraternity who may have a quiet hankering after the allopathic treatment of disease, and shows him that there is nowhere but in homeopathy any attempt at a scientific system of therapeutics; that in the direction of allopathy, nothing of this kind is to be looked for, while any glimpse of a scientific system which appears to dawn upon the vision of the advanced allopaths, comes from the quarter from which Hahnemann succeeded in

giving to the world his immortal discoveries in the science of the drug-treatment of disease.

The latest public statement of the estimate of allopathic medicine comes to us from the lips of Dr. Matthews Duncan, of Edinburgh. Dr. Duncan is not only well known in the profession and out of it, in this country, but his is a European reputation. Anything uttered by him, therefore, comes with an authority which few others could command, while from his immense experience, skeptical statements far outweigh in importance any allegations of men of secondary position regarding the truth and value of old school medicine.

Even the *British Medical Journal*, while deprecating such confessions as those of Dr. Matthews Duncan, is obliged to admit their importance, "because in this address we have the statement of the opinions of one of the leading medical men of the day, who is speaking after mature experience of many years of practice, and who has himself added to our knowledge both of art and theory. His skepticism," it goes on to say, "as to the value of treatment is, we think, too much the end in his mind, and too little the conscious means to more rational therapeutics; and the hopelessness with which he seems to view the future of medicine appears to be greater than even the chaos in which this whole domain of knowledge undoubtedly lies, justifies him in indulging." Here, let us notice, *en passant*, is a remarkable admission from the editor of the *British Medical Journal*, that the whole domain of therapeutics undoubtedly lies in a state of chaos. When such a statement comes from the pen of the editor of one of the leading allopathic journals, it seems to us that he takes up very much the same position as Dr. Duncan, though in different words. Dr. Matthews Duncan's address was delivered at the opening of the session 1876-77 of the Royal Medical Society of Edinburgh, on the 10th of November last. This society is, we believe, composed chiefly of the students at the University of Edinburgh, and it must have been in the highest degree encouraging for the students to be forewarned of the value and state of advancement of the science (?) which they are studying and imbibing from the lips of their teachers. Dr. Duncan chose for the subject of his address Hippocrates, who is known as "the father of medicine." After dilating on the main features of the mind of Hippocrates, and on the position to which he brought the art of medicine, as compared with its condition under his predecessors, he considers that one of the greatest features in his teaching was the doctrine

that disease may be treated, but cannot be cured! It will hardly be believed that this is actually the opinion of one of our most distinguished allopaths, but we shall let him speak for himself. He says:

"These ante-Hippocratic days were the era of cure, not of treatment; or of cure as distinguished from treatment; and one of Hippocrates's chief claims to our honor is that he despised and rejected the whole affair. His chapter on the morbus sacer, considering the time when, and the circumstances under which, it was written, is an imperishable monument to his glory, a proof of his courage and his wisdom. Its teaching is nearly as much needed now as it ever was; for, considering our time and circumstances, we have, in the specifics and many other cures of our day, grosser superstition than Hippocrates had to encounter. Cures occur only in the hands of the ignorant and superstitious; and the light of science should ere this have rendered them ridiculous. But it is not so. One of the most renowned physicians of modern times deliberately recommends a metallic salt for headache, as he has seen it cure a case! Another most eminent and respected physician recommends a peculiar saline as a cure of a rare and ill-understood kidney disease, for he had tried it in one case!"

With such views, Dr. Duncan cannot restrain his sneers at the medical practice of the present day. Let us quote another passage, as it is always best to allow a speaker to be heard in his own words:

"The details of his medical practice I shall say almost nothing about. For the poor suffering patient they are of supreme importance. Nothing else, indeed, is of importance at all. But who can give any rational account of them as practiced by Hippocrates, or as practiced now; except so far as they are easily proved by lay, as distinguished from instructed experience? *That there is daily given out by professional men, as there was by Hippocrates, a mass of valuable advice, I have no doubt; but it is lamentably unscientific, and therefore here undescribable.* Two points in the practice of this ancient are worthy of special notice and admiration. First, in accordance with his peculiar prognostics, which included the causation of disease, he attached great importance to diet and regimen, including residence and climate; and much advice, still considered valuable, is to be found in the records of this department of his practice. Second, his prescriptions were simple, compounded nearly exclusively from the plants of Greece. We have no trace of the ridiculous confections which were introduced in later times, and which Sydenham used, such as the Mithridate of the London Pharmacopœia, with its fifty ingredients. The superstitious belief in imaginary remedies, so prevalent in our day and in the time of Hippocrates, is not less useful nor less inju-

rious than that of Sydenham; but it is greatly less absurd. In his history of medicine, Dunglison says that superstition is now restricted to the vulgar. There never was a greater mistake. *Among the highest and most learned in our profession, and out of it, superstition, or belief in idle and unproved things, is as rife as it ever was.* Regarding what remedy in common use can a physician give a reason, sufficient for all, for the faith that is in him? He knows many *juvantia* and *lædenta* in different cases, with some degree of assurance, but *tangible remedies are the favorites of the physician and the vulgar.* They are for the most part now, as heretofore, mere matters of fashion. On the principle of doing his best, the physician may be bound to use them, but it is almost a humiliating proceeding at this time of day. ‘*Ubi physicus desinit,*’ says Stahl, ‘*medicus incipit.*’ There is no exercise of faith in medical science; but without it medical practice is hardly to be imagined. What a tissue of superstition is embodied in our dispensatories! We have not now, neither had Hippocrates, such a complication of solemn nonsense as the ‘sovereign syrup for melancholy,’ the ‘*theriaca Andromachi,*’ or the ‘*Mithridate,*’ all of the London Pharmacopœia, and some of them in use within the memory of people still living; *but we have in active use, if not in our Pharmacopœias, little else than such solemn nonsense in a less complicated form.* What is the value of our beloved ‘bromide,’ at present used for all diseases? What the value of the rest? Alas! we can only say with Hippocrates that we do what we can.”

The italics in the above quotation are ours.

And again: “The grand misleading influence is crude theory or hypothesis; and it is both amusing and instructive to remark that the great Hippocrates well knew this, elaborately illustrated it, then shut his introspective eyes and leapt into the very gulf of error against which he warned others; *and in like manner do we act nowadays, full though our conceited pates are of medical knowledge.*”

We are told that one of the great maxims of Hippocrates was, “*Do no harm,*” and on this point Dr. Duncan enlarges as follows:

“The maxim to do no harm is one for all time, to be inculcated and re-*in*culcated, for it is always getting forgotten and lost faster than it is instilled. Had it been duly attended to, medicine would have stood immeasurably higher in the public confidence than it does stand; and quackery and charlatanism would scarcely be able to find footing, instead of flourishing as they do, a standing and not undeserved reproach to the ranks of the regular profession. Had this golden rule of practice been followed; had it been kept in mind not only that judgment is difficult, but that experiment is dangerous, as Hippocrates taught, then Celsus could not have said that the best medicine is to take none; nor Hoffman

advised the patient to flee doctors and drugs if he wished to be safe; nor Radcliffe have said that when young he had fifty remedies for every disease, when old, one remedy for fifty diseases; nor James Gregory have said that young men kill their patients, old men let them die; nor William Hunter have said that to medical theories perhaps more of the human species have fallen a sacrifice than to the sword itself or pestilence; nor Sir Benjamin Brodie have said of John Hunter, that, by teaching us when not to interfere, he had done more for the healing art than all the inventors of remedies who had gone before him; nor James Johnston have declared his conviction that, if there was not a single physician, surgeon, apothecary, druggist, nor drug on the face of the earth, there would be less sickness and less mortality than now. These expressions are all, in my opinion, either imperfect or wide of the truth, but they show how lamentably the teaching of the father of medicine has been and is neglected."

With such a gloomy state of matters existing, Dr. Duncan's hopes for something better are very shadowy, and he rests on the satisfaction that meantime the profession is doing its little best! We find him saying:

"The vitality of error and even of mischievous error is quite marvelous. The Hippocratic method or system and all other systems are now fortunately withered, if not dead, unless we recognize their revival in the weedy growth of homœopathy. The profession is loosed from such useless and injurious trammels, and looks anxiously for some philosopher of the true inductive character who may on a solid basis establish some humble and probably only partial method. Meantime we must be patient, and take care to avoid the hasty adoption of any new generalization for the guidance of practice. Till we can make advance in scientific manner we must do the very best we can; acquire knowledge, practice the numerical method, gain experience. Then, although we may be fairly taunted with our endless variations, each physician's practice deserving a title compounded of his name with *ism* affixed to it, we may rest in the meantime in satisfactory consciousness that we have striven to increase our knowledge to the utmost, and have used it mixed with all available wisdom for behoof of our patients."

How small "the little best" is, we gather from the following passage:

"When Broussais vaingloriously says that the real physician is the one that cures, and that the observation which does not teach the art of healing is not that of a physician, but is that of a naturalist, he is at issue with the teaching of Hippocrates and of good sense. Hippocrates and the real physician do not cure; they pretend only, and in a very

humble way, to treat disease; they know that observation and experiment have not yet taught us the art of healing, and they further know that the only kind of observation, or the only valuable kind, is that of the naturalist. It is the quack, honest quack it may be, who founds his system, and builds on his cures; as Laennec gently hinted that Broussais did *Every one knows that the doctor can cure some diseases. He can overcome constipation. He can smother the itch insect.* But these are not cures in the sense of the present discussion, and of them perhaps Hippocrates had as many as we now have. The great diseases of mankind, the inflammations, the fevers, the degenerations, Hippocrates did not pretend to cure; he treated them according to his system. In the great sense there are no cures, except those miracles which are appropriately so designated."

With such opinions, we are not surprised at finding Dr. Matthews Duncan enter into a tirade against the absurdity of searching for specifics, and one great charm for him in Hippocrates is that he did not enter on this search. We have seen that our "beloved bromide" comes in for a sneer, but we hardly anticipated that a similar welcome would be accorded to *quinine*. But we must really again allow Dr. Duncan to speak for himself. He says:

"We may, however, observe, to his great credit, that he (Hippocrates) did not exhibit any tendency to the belief in specific medicines, which is a natural consequence of the error just described. Hippocrates treated disease; he did not pretend to cure it, as do the believers in specifics. Hippocrates treated disease according to his system; he did not believe in an additional method of treatment by specifics, however much he might resort to empirical practice. Nowadays, when systems of medicine are all in decay, treatment by the best physicians is almost exclusively a more or less rational empiricism; but not entirely, for the belief in specifics is still extensively prevalent, and the venerable Alison has inculcated the duty of searching for them as one of the great objects of modern medicine.

"Specific medicines were greatly believed in in the time of Sydenham, who imitated to some extent a botanical classification in his arrangement of diseases, and supported the doctrine of a special medicine against each species of disease. About his time, Jesuits' bark was introduced into general practice, and it soon became the model specific, a grand position which it still retains. *Indeed, if we look over the innumerable panegyrics of therapeutical medicine by medical men, we have the cuckoo cry of quinine, with an occasional addition, varied according to the credulity of the writer.* Quinine, however, still survives as not merely a medicine of great value in ague and other diseased conditions, but as the great specific."

And then, after quoting an interesting passage from Sydenham, regarding the doctrine of specifics, our author proceeds:

"This passage, given above, from Sydenham, is purely Hippocratic, except the utterly groundless, and therefore meantime unscientific, doctrine of specifics. Robert Boyle, a friend of Sydenham's, to whose book I have referred, labored to show that the doctrine of specific remedies is reconcilable to the corpuscular philosophy; but this goes no further in relieving it of untenability than the only theoretical argument of Sydenham in its favor, namely, that the existence of such remedies for the graver diseases is rendered probable by a consideration of the goodness of God. Similar arguments would justify a belief in witchcraft; and, when we read of the specifics of bygone ages, or even of recent but past times, we would all nowadays regard them as quite as absurd as the feats of witchcraft or of charms; and the many specifics, even of our own day, have only the same claim on our belief as witchcraft has,—faith. Robert Boyle's specifics and Sydenham's excite our laughter and derision. Our own specifics do not, only because they are our own. Boyle and Sydenham would appeal to experience, just as we do now. Facts, they would exclaim; but the wise man will say, as Laennec did to Broussais, that he cannot recognize the facts. Cullen has, in banter, expressed this by saying that in medicine there are as many false facts as false theories. There are many wonderful survivals of error quite as striking as the belief in specifics or in quinine. It is a disgrace to practical medicine that, in the days of the useful but limping numerical method, we have no unanswerable evidence of the value of quinine. We have abundant evidence of its frequent apparent utility, of its frequent failure, of its being in no sense a Sydenhamian specific; and Pereira denies to it the right to any such pretension. It may be safely asserted that it is not nearly so well entitled to be ranked as a specific as the humble poultice or lying abed is in many inflammatory diseases. Considering the failure of physicians in their searches for specifics, and considering our present limited knowledge of pathology, we cannot too much deprecate the recommendation of many great men to continue the pursuit. *Few things have retarded medicine more than this doctrine and the discovery of Jesuits' bark;* were the only evil produced the diversion of ingenious youth from work that is abundantly supplied, and cannot fail to produce good results. The search for specifics is, from its conditions, likely to be not more successful than a boy's attempt to shoot crows with his eyes bandaged. Hippocrates is the father of no such therapeutical extravagance. The best moderns do not treat diseases according to his method or system, or according to any method whatever; but they join with Hippocrates in doing their best, with all humility as empirics utterly, or as rational empirics, if any reason can be found."

In one sentence in the above quotation we cordially agree

with Dr. Duncan, and that is that (from an allopathic point of view, of course) "the search for specifics is, from its conditions, likely to be not more successful than a boy's attempt to shoot crows with his eyes bandaged." This only shows in very forcible terms what we have so often maintained, that practitioners of the old school are on the wrong track altogether in searching for a scientific *system* of therapeutics. This, we think, becomes clearer every day, and such a statement as that of Dr. Duncan's is true to the letter. Nevertheless the thoughtful and advanced men of the old school do firmly believe that specifics, or medicines having a specific relation to the diseased part, must and will some day be discovered, and they very properly will not be balked in their efforts to discover such. That our definition of a specific is what was understood by Sydenham and by our author, we may gather from a sentence which Dr. Duncan quotes from Sydenham. "A specific is such a medicine as very often, if not commonly, does very considerably, and better than ordinary medicines, relieve the patient, whether by quite curing, or much lessening his disease, and which acts principally upon the account of some property or virtue; so that if it have any manifest quality that is friendly, yet the good it does is greater than can reasonably be ascribed to the degree it has of that manifest quality, as hot, cold, bitter, sudorifick," etc.

Since walking in the old-school long-trodden path will, confessedly, never lead to the discovery of such remedies any more than "a boy can shoot crows with his eyes bandaged," why will not our opponents examine our system of homœopathy? If the one path ends in futility, the only other known road is that of the law of similars, and if they will take the trouble honestly to investigate our system, they will find that the specificity of our remedies is based wholly on the knowledge derived from experiments on the healthy, that each drug has a specific relation to a given portion of the body, producing symptoms in the healthy body closely corresponding to most of the diseases which come under our care for treatment, and so showing in the clearest manner their specific affinity for the parts affected.

We thus do not attempt to shoot crows with our eyes bandaged, but with clear vision, and a strong light to guide us. That we are in the right is very evident from the marked tendency of the advanced section of old-school therapeutists to work in the manner inculcated by Hahnemann, namely, to

institute provings on the healthy body, and so ascertain the pure action and the specific affinities of each drug, and it is equally evident when, as a result of these aims, we find the wholesale adoption at the present time of remedies which, till recently, were only laughed at, and which act in a way that is explainable on no other than the homœopathic theory.

Surely, such addresses as those of Dr. Matthews Duncan cannot fail to make an impression on his readers and show them once more how hopeless it is to expect any real advance in medicine, unless they explore the only other system of medicine which has any pretensions to a scientific basis.

In conclusion, we may well ask, What right have our opponents to treat us as they do, and to talk as they do, as if old-school medicine rested on any secure basis, or in fact on any basis whatever? With such an address before them as Dr. Duncan's and the statement of the editor of the *British Medical Journal*, that therapeutics "undoubtedly" are in "a state of chaos," we cannot conceive how members of a so-called liberal profession can not only refuse to look at our teaching, but allow themselves to ostracize those who believe that they have found the great key to the discovery of specifics, in the best sense of the term. That it is so is a disgrace to the profession, and it is only a renewed reason, to our minds, why, at the present juncture, and in the face of certain proposed terms of union between the two schools, we should decline to entertain any which do not involve our right fully and completely to recognize the truth of our great guiding rule in practice—the doctrine of similars, with equal liberty to practice it to as full an extent as we are capable of doing, and at the same time an entire and practical recognition of our *locus standi* as fellow-workers with our brethren of the old school, who are in any way endeavoring to build up the great science of therapeutics. That such concessions will be made we have no doubt. They must be made some day, and if not now, we are content to wait and go on our way as heretofore, rather than give even the appearance, for the sake of "peace," of lowering our colors, and smothering what we believe to be the truth. Peace and goodwill are eminently desirable and urgently needed, alike on professional and scientific grounds; but a hollow truce framed out of a compromise of principle would be useless, injurious and degrading.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY,
PENNSYLVANIA.

REPORTED BY C. P. SEIP, M.D., SECRETARY.

THE Society met at the Homœopathic Hospital, Pittsburg, May 11th, 1877. Present: Drs. Rousseau, Hofmann, Willard, Burgher, Martin, King, Cooper, Chapman, Dinsmore, Gamber, Shannon, Bingaman, Boley, McClelland, Caruthers, Edmundson and Seip, and associate members, Messrs. Cooper, Spaunen, Harris and Hofmann.

After the reading of the minutes, the Board of Censors reported favorably on the applications for active membership of Drs. Martin, Robson and Boley, and they were accordingly elected.

Dr. Hofmann, Chairman of Committee on State Paper, reported that the committee had selected Puerperal Hæmorrhage as the subject for their paper. Report accepted.

Dr. Cooper, Chairman of Executive Committee, reported that they had held one meeting during the month, at which time Miss Annie E. Dorsie was examined as to her qualifications to become a medical student. Miss Dorsie is a graduate of the Pleasant Hill Seminary, and a teacher by profession. She presented an excellent thesis, and her diploma was taken as evidence of scholarship. Applicant recommended for permission to study medicine under the preceptorship of Dr. Millie J. Chapman. Report accepted.

Report of delegates to the Homœopathic Medical Society of Ohio was presented by Dr. Burgher. This interesting report was supplemented by Drs. Hofmann and McClelland. Report accepted.

The application for membership of Dr. R. E. Caruthers was then read, and referred to the Board of Censors.

Dr. McClelland, in a few very appropriate remarks, announced the death of the wife of the President, Dr. W. R. Childs.

On motion of Dr. McClelland, a committee was appointed to prepare an expression in regard to this sad occurrence.

The President appointed the following committee: Drs. McClelland, Hofmann, Cooper, Willard, Rousseau, Burgher, Bingaman and Seip.

Dr. J. S. King, the essayist for the evening, then read the following paper on

VIBURNUM IN DYSMENORRŒA.

BY J. C. KING, M.D.

VIBURNUM OPULUS is a native of England, Scotland and America. In this country it is found principally through the Western States. It is commonly known as cramp bark, or the high cranberry. The common snowball tree, found in most country gardens, is another variety of the same species. Its flowers, however, from the effects of cultivation, are sterile. For medicinal purposes a tincture of the fresh bark of both root and branches is made with eighty per cent. alcohol. It is said to have been used by the Indians for painful affections of women. It certainly has been for years a favorite domestic remedy. About a year ago my attention was called to the use of Viburnum in dysmenorrhœa by an article in one of the journals, written by Dr. Hale. At the time, I was treating a couple of cases, to which I administered the drug with good effect. Since then I have given it to more than twenty cases. In two of these cases only was the result a decided failure. In one of the two I afterwards discovered a fibroid tumor of the uterus, which prevented the introduction of the sound, and, judging from the history of the case, caused the dysmenorrhœa. The other was a girl, æt. 16, who began to menstruate when twelve years old, the performance of the function always having been attended with exquisite suffering. In this case the suffering at each period has been mitigated by *Cimicifuga*. A few of these cases have been completely relieved. Two or three are worth mentioning.

The first was a married woman, æt. about 35, tall, large frame, dark hair, eyes and skin; scrofulous; intermenstrual health excellent. Three or four days previous to the appearance of the menses she complained of pain in the back, gradually extending to the hypogastric region and down the thighs; headache, accompanied by nausea and weariness. Cramps and bearing-down pains usually set in before the discharge appeared. This condition would remain, in a more or less intense form, until several days after the flow had ceased. Menstrual periods regular, and normal in duration and quantity. The dysmenorrhœa had continued a number of years. On the 9th of October, 1876, a few days previous to the time the pain usually appeared, I gave her a box of pills saturated with *Viburn.*, and ordered her to take one three times per day. I have seen her frequently since, and she has repeatedly stated that her menstrual period occasions her no more

inconvenience than is natural. She had not taken any other drug for two months before using the *Viburnum*, and has taken none since, except one prescription of *Caust.* for a cough.

Another case was that of a married woman. The symptoms were about the same as above related. The patient was short, heavy set, light hair and eyes, and thick, white skin; æt. 25. She had suffered from dysmenorrhœa since girlhood. In September, 1876, I gave her one box of pills saturated with *Viburn.Ø.* Her next period was free from pain. In October the pain returned. She then took *Viburn.*^{3x} for nearly a month, three times per day, and has since continued free from distress.

Another case was of a different character. A girl, æt. 17, tall, slender, dark hair and eyes, thin, fair skin. Lived in the country. Had dysmenorrhœa from first menstruation, two years previous. The pain was spasmodic, cramplike and very severe, compelling her at times to go to bed. The digestive organs were sympathetically affected. She suffered much from congestive headache, with flushed face and throbbing pains in the head. After each period she was much prostrated, and complained of all sorts of sympathetic ailments. Early last fall I sent her *Viburn.Ø.*, 5j. The directions were to mix gtt. x of the medicine with half a glass of water, and of that take two teaspoonfuls three times a day. She continued the remedy about three weeks, and was entirely relieved.

In several other cases I have reason to suppose the drug has effected cures, but sufficient time has not elapsed to be certain. Hale thinks that after three or four months there is a tendency to a return of the trouble. In some cases I have met with partial success. In several, whenever the *Viburnum* was given a few days prior to the period, the latter would be free from pain, but if the remedy was omitted, the symptoms would be as severe as usual.

A number of physicians have reported the successful use of *Viburnum opulus* even in pseudo-membranous dysmenorrhœa. Prof. Hale writes:

"I have used the *Viburnum* in many cases of neuralgic and spasmodic dysmenorrhœa, and have yet to meet with a single case where it has failed to cure. So confident have I been in its almost marvellous power, that I have taken pains to look up some old cases that I had dismissed years ago as incurable, in order to test this new remedy on them. In every instance, so far, it has cured these old obstinate cases."

When cases of reported cures are examined, vast numbers of symptoms are found, but it is difficult to determine which of them can be relied upon as characteristic of the Viburn. The drug has never been proved, therefore the symptoms given in the books are purely clinical. Like all unproved drugs, it is best indicated by the failure of carefully selected remedies, or by the lack of positive symptoms indicating other remedies. Hale considers its range of action almost identical with that of galvanism. It is probably best adapted to the spasmodic and neuralgic varieties of dysmenorrhœa. The most constant clinical symptom has been severe cramps. The cramplike pains in the uterus were present in nearly all cases in an intense form. Cramps and constrictions were felt in the lower extremities. Even the reflex symptoms were characterized by cramps. Among the symptoms recorded we find cramplike difficulty of breathing, cramplike pains and spasms of the stomach, bowels, bladder and other organs. One author mentions the relief of paralytic conditions coming on after cramps and convulsion due to uterine irritation. Hale mentions general irritation of the nervous system from the same cause, and considers it a good indication for the drug. The menses are usually regular, but scanty.

My own experience with the Viburn. is evidence of its homœopathicity to a very large majority of cases of painful menstruation, for I have not attempted to select cases. In the dispensary I have given it, as an experiment, to case after case of dysmenorrhœa, just as they appeared, without any attempt at individualization, and the treatment has been so satisfactory that within the past month sixteen new cases have been brought to me there by persons who were relieved by the drug. I have never given it higher than the 3^x. Given in higher potencies its effects might possibly, in some cases, prove more permanent.

The *V. prunifolium*, or black haw, is recommended more especially for excessive labor pains, and to prevent threatened miscarriage.

I am now treating two cases of membranous dysmenorrhœa, and when sufficient time has elapsed to make a test will report the result.

Discussion of Dr. King's paper was opened by Dr. Hoffman, who said that he had never used the *Viburnum*. Thinks that the first case would have been cured by *Nux vomica*; the cramplike pains indicated this remedy.

Dr. Burgher had used the remedy in some cases and with success in a few instances, but always preferred to use thoroughly proved drugs.

Dr. Cooper had used it with some success, but the results had not been sufficiently marked to make it a first-class remedy.

Dr. Willard has never used it, but thinks that what is already known of the remedy through clinical experience is good enough to commence on. The remedy should be proved, because the diseases for which it seems to be most useful are very difficult to cure.

Dr. McClelland said his experience with the remedy was very limited. In one case very marked relief followed its use. There are two kinds of *Viburnum*; the one is indicated when the flow is excessive, the other when the flow is scanty. The particular indications for each can only be ascertained by careful proving, and that while clinical observation alone may be to a certain extent reliable, the proved remedies are better. Some authors claim that one-half of all cases of dysmenorrhœa are obstructive, and hence can only be cured by mechanical means. Now a case may be obstructive, say from hyperæmia, and be cured by the properly selected homœopathic remedy.

Dr. Chapman tried the *Viburnum* in a few cases without any apparent benefit. There are so many influences brought to bear on women at such times, that proper hygienic instructions will be of great benefit and add greatly to a successful cure. Uses mostly *Nux vom.*, *Puls.*, *Xanthox.*, *Cimicif.*, *Colocy.* and *Bell.* Women are usually very nervous and anxious, and frequently do many things that they ought not to do.

Dr. Burgher. There is no specific for dysmenorrhœa. One proved remedy has not been mentioned, the *Lil. tigr.*

Understood Dr. Willard to say that most of our remedies were used empirically, long before any proving of drugs was made.

This statement is not correct. Many of the most useful were before Hahnemann's time considered inert. For instance, *Carbo veg.* and *Carbo animalis*, *Lyc.*, *Aurum met.* and *Argentum met.* and *Silicia*, are drugs that were proved. *Viburnum* may be a good remedy in some cases, but it is by no means a specific.

Dr. Willard. Dr. Burgher is mistaken. All the drugs mentioned by him were used before Hahnemann's time.

Dr. Gamber. While attending the dispensary at Cleveland, he was requested to test the *Viburnum* in dysmenorrhœa, con-

sequently he gave it in about fifty cases. Three of these were relieved by its use; one case in particular, which was evidently of the spasmodic form, was speedily relieved of all pain.

Dr. Edmundson had a case of dysmenorrhœa which had given him a great deal of trouble without any beneficial results. Viburnum relieved her of all pain.

Dr. King thought that most cases of obstructive dysmenorrhœa are due to hyperæmia, or to some spasmodic action, and that Viburnum will relieve the most of these cases. Indorses what Dr. Chapman has said in reference to hygienic measures in such cases.

Dr. Cooper, in one of the most distressing cases of dysmenorrhœa that he had ever seen, gave speedy relief by using electricity. While Phos. is claimed as nearer a specific for membranous dysmenorrhœa than any other remedy, he had cured a case with Nitric acid. In such cases he tries to cure the intermenstrual symptoms.

Dr. Rousseau. Although he first stated that he knew nothing about the remedy, he now recollects that while practicing in the country, Viburnum was frequently used as a domestic remedy, and that it was thought to be essentially necessary, in order to get the full benefit of the remedy, that the bark must be peeled from above downwards. Sabina is a valuable remedy when the blood comes in small clots.

Dr. McClelland remarked that he could relieve more cases with Cham. than with any other single remedy. He never gives it lower than 12th dilution.

On motion, the discussion closed.

Owing to the lateness of the hour, the discussion of the diseases of the month was dispensed with.

Report of the committee on resolutions presented the following report.

"Your committee recommend that the following minute 'In Memoriam' be spread upon the records of the Society, and that a copy of the same be engrossed and respectfully forwarded to its bereaved President.

"J. H. McCLELLAND,

"J. F. COOPER,

"J. C. BURGHER,

"C. F. BINGAMAN,

"H. H. HOFMANN,

"L. H. WILLARD,

"L. M. ROUSSEAU."

"Committee."

IN MEMORIAM.

Departed this life, May 8th, 1877, Mary Acheson, wife of Dr. Wm. R. Childs.

The Homœopathic Medical Society of Allegheny County, Pa., with a profound sense of the loss that has been sustained by its President as above noted, would in these words record its deep and sincere sympathy, trusting he will be sustained in his sad affliction as one "having hope in a blessed immortality."

The report of the committee was accepted, and its recommendations unanimously adopted.

Dr. R. Ramage was appointed essayist for the month of July. On motion adjourned.

PREGNANCY TO FULL TERM AFTER FOUR SUCCESSIVE
MISCARRIAGES.

BY J. C. GUERNSEY, M.D., PHILADELPHIA.

IN no part of the extensive sphere of homœopathy does the practitioner of his chosen profession, by a rigid observance of the law of the similars, win more satisfactory results and achieve more unqualified triumphs than in the obstetric arena. Throughout the whole term of pregnancy, from earliest conception to the completion of parturition, including a successful "getting up;" through all the disorders and departures from the normal standard of health incidental to and concomitant with pregnancy, whether occurring *ante partum*, *inter partum*, or *post partum*, all yield wholly to a determined and persevering application of the law of cure embodied in the formula *Similia similibus curantur*.

I cite the following case as a partial illustration of the foregoing statement, and as an earnest of what the pure Hahnemannian principles can and do accomplish when faithfully applied.

Mrs. Joseph H——, ætat 28 years, residing at 926 R—— Street, Philadelphia. At date of writing (Sept. 1st, 1877) she has been married a little over five years. Three months after marriage, in the month of June, she miscarried for the first time. Her attending physician told her then she could never go to full term. A year later she miscarried again, being six months advanced. A year from the following August she

with tendency to abort at third month, led me to give Kali carb.^{100m}. The happiest effect followed. Constipation and bearing-down pains entirely disappeared. Several times when I went to see her after that, I found her out walking, a thing she had been unable to do in her former pregnancies. This remedy also greatly helped her neuralgia, from which she always suffered more or less. About the middle of April her neuralgia being very troublesome, *and it being then the seventh month*, I gave at intervals two or three doses of *Sepia*^{55m}. From that time until parturition she took no other remedy.

To-day Sept. 1st, she and her baby are in excellent health. *A hacking, teasing cough she has had since sixteen years of age, has been gradually disappearing since the birth of her child and is now almost entirely gone.*

The above, as before remarked, formed the chief of her "departures from the normal standard of health." For some minor and temporary affections I was obliged, occasionally only, to administer some other remedies.

The patient has a large circle of relatives and friends who were anxiously watching her, and who willingly testify to all the facts herein related. I claim nothing in this case beyond what any homœopathic physician may do in similar cases, when, discarding the use of all stimulants and palliative treatment, he obeys the edicts of the Organon, bearing always in mind that Hahnemann laid it down as a maxim in his polemics: "Whoever does not advance on the same course with me, but recedes or turns to the right or to the left, betrays me; he is an apostate; I shall condemn him."

DISEASES OF THE HEART.

BY BUSHROD W. JAMES, M.D.

Sympathetic Action of the Heart in various Diseases.

IN our previous paper we were considering this subject. The value of a correct examination of the heart in all cases of acute inflammatory and febrile diseases, and especially in those where there is a tendency to blood poisoning, cannot be too energetically insisted upon, for it may not be generally known that in cases of scarlatina, diphtheria, and kindred affections, an endocarditis or carditis takes place, and the

patient instead of being carried off by what the physician considers the prime disease, may instead be dying of inflammation of some part of the cardiac apparatus produced by the now poisoned blood passing through its structure, or over its surface, causing an irritation and inflammation at this vital point.

Always, therefore, make an auscultation of the heart as sedulously as you now use your thermometer in ascertaining the temperature of the body, in preference or addition to the older method of diagnosing from pulsations at the wrist, or, what is better, give each mode its proper weight in arriving at your opinion of the case. It is a common custom to disregard the heart-sounds altogether, and depend upon the pulse, considering that the tumultuous action of the heart, if the patient should refer to it at all, is due simply to the fever which is a concomitant in almost every attack of acute disease.

It is no wonder that inflammation should occur in or about the heart in this class of sick persons, for we have a constant flow of the changed or poisoned blood through its most sensitive and delicate tissues. What has been said here refers likewise to the poisons introduced into the system in syphilitic and gonorrhœal diseases. But in the former illustrations that we have offered, the inroad is sudden and the progress rapid, and the termination will most likely prove fatal; while in these venereal poisonings where the heart feels the effect of them, the attack is more likely to come slowly, and become chronic before the individual is aware of it, and an organic disease is more likely to be the result than in the others. While these complications do result, they are rather rare, and more so with the gonorrhœal poison than the syphilitic; however, if the endocardium or the pericardium should become acutely inflamed, the results are quite as untoward as in the epidemic or in the inflammatory diseases above noted.

When cardiac lesion does result from gonorrhœa, the aortic orifice and aorta are the most susceptible points of attack.

The medicinal treatment of such cases will of course be in accordance with the totality of symptoms present in each and every case and the best adapted remedy to these indications, when they are thoroughly studied out.

Diagnosis and prognosis are requisite in all heart symptoms in order that the other, and oftentimes the most important part of the general treatment is judiciously applied, and without which essentials, the properly selected homœopathic remedy will often have its healing influence thwarted.

Let us illustrate this point : Gastric irritation, such as may result from indigestion or dyspepsia, or an overacid state of the contents of the stomach, may provoke very curious heart symptoms.

Again, inflammatory disease in or about the heart may cause a somewhat analogous train of symptoms.

In the former, gymnastic exercise, lifting or a series of systematic physical exertions should be insisted upon, and are quite important in managing the case; but if this be adopted for the other cardiac disorder, great harm or probably death may result.

Then again, in making a prognosis in such cases, the physician will soon find himself in a dilemma, if to the patient he pronounce the gastric trouble a very alarming one, miscalling it a dangerous heart disease; or he may be chagrined at the sudden death of his patient, if he make light of the cardiac disease, without knowing its real nature. It is obvious, therefore, that we should insist upon a correct, or at least an attempt at a correct diagnosis and interpretation of all such symptoms.

In chlorosis of females there is a sympathetic effect upon the heart produced, but a history of the symptoms as they have approached will always enable us to distinguish the sympathetic action of the heart, for in organic disease we have much more pain, and there is a greater amount of fever and other acute disturbances of the system.

While in this form of chlorosis we have first cessation of the menses, then a disordered state of the stomach and bowels, foul breath, flabby tongue, unnatural stools, and then the diminution of red corpuscles in the blood and an altered condition of that fluid, giving rise to the pale skin, puffed state of the eyes, wasting of flesh and dropsical swellings, in organic disease of the heart, this organ can by auscultation be found to be diseased long before the other symptoms appear. In other chlorotic or anæmic conditions we also have some of these heart irregularities present. In some forms of dyspepsia we have a very marked reflex action set up in the heart through the cardiac branch of the pneumogastric nerve, producing palpitation of the heart, irregularity of pulse and other distressing symptoms.

There are other diseases and some conditions in life which also affect the heart sympathetically, to which we will allude in the next article.

ON THE ACTION OF COCA.

BY E. M. HALE, M.D., CHICAGO.

THE physiological action of Erythroxylon coca, as shown by the provings, and by its effects as narrated by travellers, is quite well known at this time to the majority of physicians. It may not be out of the way, however, to recapitulate a statement of its action when chewed by the natives of Peru and other South American states lying in high altitudes. It is said—and there can be no doubt of the truth of this assertion—that it *prevents the peculiar symptoms which arise from ascending and exercising in high altitudes*. What are these symptoms? In a recent paper by Dr. Paul Bert of Paris, published in the July number of the *Popular Science Monthly*, he enumerates them as follows:

“First, a sense of fatigue out of proportion to the amount of walking or of work performed. The legs appear to be leaden, and one feels a weakness in the knees. Then the breath becomes short, difficult, labored; the pulse is quickened; the heart-beats occur isolatedly, and reverberate in the head. Next come singing in the ears, dimness of sight and vertigo. The general sense of *malaise*, the feebleness, become such that the traveller must rest, else he will fall to the ground. When these symptoms first appear, a few moments of rest suffices to banish them; this instantaneous restoration to strength and vigor sharply distinguishes ‘mountain sickness’ from ordinary fatigue. But at greater elevations, where graver symptoms appear, such as bleeding from the nose or lungs, repose cannot bring back the condition of perfect health, though it always affords some relief.” It is said that a little extra exertion in very high altitudes often produces fainting and sudden death.

Among the various theories put forth to explain the cause of these symptoms, none have gained greater credence than this, namely: that the higher the altitude the less the atmospheric pressure, and that the abstraction of the normal pressure (15,000 kilogrammes to the entire body) is like the application of a cupping-glass over the whole body; thence the symptoms which are experienced in high altitudes. The external pressure being greatly lessened, the heart’s action is not counterbalanced, hence congestions, hæmorrhages, dyspnœa, etc. This theory was not accepted by many, and another was substituted. Eminent authorities gave it their sanction. This theory says: On the top of Mont Blanc the air is nearly one-

half less heavy than at the sea level, hence it results that if in a given time we pass through our lungs a given volume of air, that volume will represent only about one half the weight of the same volume of the air to which we are accustomed. Hence there must result insufficient respiration, or more accurately speaking, *insufficient absorption of oxygen*. The quickening of respiration which tends to offset the evil is insufficient, for it would have to be twice as frequent and have double amplitude in order to compensate the diminution in the quantity of air inspired.

Dr. Paul Bert has proved by numerous experiments that the last theory is correct. To those who would like to refer to the narration of his principal experiments, the paper of Dr. Bert's, heretofore mentioned, will be read with interest. They need not be reproduced here, and I will only quote Dr. Bert's conclusions, that "the symptoms following diminished pressure, whether slowly or rapidly applied, are simply the result of a *diminution of the oxygen in the blood*; in a word, that they are nothing but a sort of asphyxia in the midst of the pure and invigorating mountain air." One experiment, however, I cannot omit, because it is so conclusive. Dr. Bert entered an iron chamber from which the air was gradually exhausted at will by a steam-pump. He took with him a bag of oxygen gas. "As the pump began to work, I experienced all the well-known symptoms of mountain sickness, viz., quickening of the pulse and respiration, which was considerably augmented by the least movement, sense of loathing, nausea, sensorial and intellectual perturbation. I felt indifferent to everything, and incapable of action. On one occasion, having counted my pulse-beats for one-third of a minute, I tried to multiply the number of beats by three, but could not do it. But all these symptoms disappeared as by enchantment so soon as I respired some of the oxygen in the bag, returning, however, when I again breathed the air of the cylinder."

Having now ascertained the actual pathological state which causes the so-called mountain sickness, we are in a condition to inquire rationally into a method of action of Coca, which it is admitted will remove the symptoms of that condition.

A removal of that condition can only be accomplished by two methods. (1) By directly imparting more oxygen to the blood. (2) By enabling the lungs to procure from the air (at low pressure) a larger supply of oxygen wherewith to supply the blood.

Manifestly, the use of Coca by the sufferer does not directly

impart oxygen to the blood, for it is not itself oxygen or its equivalent. It must consequently possess some inherent medicinal power of imparting to the lungs greater power of collecting oxygen, else it could not relieve the symptoms due to deficiency of oxygen.

But "mountain sickness" is not the only condition relieved by Coca. Cases are recorded where it has promptly relieved the palpitation and suffusion of the head, which comes of certain forms of mental excitement, such as occurs in hunters who come suddenly on rare and valuable game; in young people going for the first time into society, the first appearance of actors or singers on the stage, and other similar occurrences.

If we inquire into the ultimate cause of "game fever," "stage fright," etc., we are at a loss to find it. Is it due to deficiency of oxygen in the blood? Possibly, for are these conditions not always attended by "bated breath," a lack of deep inspirations? Again, Coca has been used successfully (by myself at least) in cases of spasmodic asthma, in dyspnoea from ascites, hydrothorax and emphysema, and the want of breath in the last stages of phthisis pulmonalis, in all of which conditions the lungs cannot procure sufficient oxygen for the blood.

How *does* Coca act in these cases? Does it stimulate the respiratory and cardiac nerve-centres? Does this stimulation enable the air-cells in the pulmonary tissue to absorb more oxygen? If so, how is it brought about?

It will be remembered that in "mountain sickness" and all the other conditions mentioned, the heart's action is greatly accelerated, and this inordinate action of the heart results in a waste of oxygen.

One of the most prominent primary effects of Coca is to quiet and slow the heart's action, and also to decrease the number of inspirations and *increase* their depth. In doing this, Coca increases the amount of oxygen in the blood by enabling the lungs to absorb a larger amount, while at the same time it *decreases* the waste of oxygen in the system at large.

In the treatment of cardiac disorders and pulmonary diseases I find Coca often very useful, and I predict that its sphere of usefulness will be greatly enlarged. As yet I have only used appreciable doses (gtt. x to ʒj of the tincture), except in a few cases.

It is evident that in the conditions I have mentioned as calling for its use, there is no homœopathicity, unless of a

secondary character, and we must use the doses sanctioned by experience. Taking the pathogenetic symptoms for our guide—as I have done in some instances—we may select the attenuations to meet them. I have removed with the 3x and 6x vertigo and photophobia, and doubtless the attenuations may prove useful in other conditions of hyperæsthesia.

EQUISETUM IN PARALYSIS.

BY GEO. A. HEATH, M.D., NEWARK, N. Y.

By request I report the effects of *Equisetum* in a case of paralysis. Mrs. —, aged seventy, of lymphatic temperament, had general paralysis four years ago; her mind was much affected at first, and she could not walk or talk. She now moves about, and can make her nurse understand her wants. There is not much, if any, mental improvement; she has had no control of urine or stool for a long time. I had prescribed for her with partial relief, until February 7th, when I gave her *Equisetum*, 1st trit., 2 grs. in nine spoonfuls of water, four spoonfuls a day, and when better two a day. February 10th, better; two spoonfuls a day. February 12th, entire relief, one and sometimes two passages a day, but she has full control of both bladder and rectum. She has not soiled her linen since the last date until now, April 21st. To judge something of the severity of the case, her husband told me he had had one thousand pieces washed that she had soiled in the two weeks previous to taking the *Equisetum*.

"MEL CUM SALE."

BY A. KORNGERFER, M.D., OF PHILADELPHIA.

1. A TENDERNESSE in the left side of the abdomen, brought on by twisting or moving the body, as if some internal sensitive part was put on the stretch.
2. Pain in the lower part of the abdomen, more perceptible on twisting the body.
3. Sensation as if the bladder might be too full of urine (which, however, was not the case).

4. Pains from the sacrum toward the pubes.

5. Some of the abdominal pains seem to be in the region of the ureters, causing a suspicion of complication with some trouble of the kidneys or ureters. (J. JEANES, M.D.)

These symptoms have been verified repeatedly in congestion of the female generative organs, with the tenderness and painful sensitiveness as above mentioned. I have used Dr. Jeanes's preparation with most excellent results, after Sepia and other apparently indicated remedies had failed.

Honey.—This substance though of extremely varying composition, at least in regard to its flavor, owing to the diversity of flowers from which the bee draws its supply, which of necessity affects to a greater or less degree the flavor and poisonous nature of the honey, yet has a certain specific nature and quality by which, though its accidental flavor may be modified as just stated, we know it immediately as honey, showing a certain combination varying between natural limits, as all organic substances by nature are allowed. This honey has medicinal properties apparently independent of the flowers from which derived, which fact makes it necessary for us as practitioners, to forbid, to allow, or in cases even to order it.

The effects to which many are liable through the use of honey as food, are catarrhal affections of the head, chest, stomach and bowels, such as soreness of the chest, accompanied by huskiness of the voice, purging, with more or less pain. In fact this is so well known by the people that many abstain from its use. They say, "You catch cold on honey so quickly." From accidental proving in which myriads of worms were discharged from the bowels, I was led to its use in worm affections. The results have certainly fully warranted its use, and in several marked cases coming from the old school, the only remedy employed was honey; myriads of worms were evacuated, the normal appetite returned, the complexion, the sunken eyes, the emaciation, the distended abdomen, and the flagging spirits, were all restored in a few weeks to their natural state, though months of allopathic treatment had only aggravated. The troublesome itching around and in the anus, so frequently complained of by adults, is very generally removed by a few teaspoonfuls of honey taken twice a day.

IGNATIA IN DIPHTHERIA.

DEAR DOCTOR: In corroboration of Dr. Boskowitz's discovery that *Ignatia* cures diphtheria, I have the following to report:

Dr. William C. J. Slough, of Lehigh County, Pa., has treated twenty cases of diphtheria successfully with *Ignatia*^{2c}, Tafel. The epidemic raged during the spring and early summer, and the mortality was great. As many as five from one family died under old-school treatment. Dr. Slough lost a number of cases before he used the *Ignatia*. The twenty cases which *Ignatia* cured had the following symptoms, and these characterized the entire epidemic:

Green vomiting, substance scumlike or membranous; throat putrid, seldom painful (the painful cases were less likely to prove fatal); *greenish-yellow patches*; delirium; headache; pain in the limbs; nosebleed; dilated pupils; diarrhœa; *stools green*; suppression of urine; sometimes chilly, sometimes high fever. In some of the cases which proved fatal, the patients were well enough to walk about, but were suddenly taken with hæmorrhage, and died. All had good appetite, and particularly craved ice cream.

Ignatia^{2c} in water, a teaspoonful every hour or two (not interrupting sleep), cured every case, excepting where there had been allopathic treatment to interfere. The remedy was in every instance persistently given in spite of delirium, hæmorrhage or other untoward symptoms. Dr. Slough did not lose a single case after administering the *Ignatia*.

Truly yours,

C. B. KNERR.

TEXAS FOR CONSUMPTIVES.

EDITOR HAHNEMANNIAN MONTHLY:

I have frequently written to physicians in the East and North on the subject of the climate of Western Texas for consumptive and asthmatic invalids, but I believe I have never stated the case too strongly, and I have never had occasion to recall one word I have said in favor of our climate for pulmonary patients.

It has long been the custom of Northern and Eastern phy-

sicians to send their consumptive and asthmatic patients to Florida or Colorado, but I do not believe the success attained has been nearly as great as they could have very reasonably expected; while those who have of late years sent their pulmonary cases to the health-restoring climate of Western Texas have seen none but beneficial results, where such were at all possible.

That portion of Texas lying west of the Colorado River at Austin, and of the Guadalupe River at Sequin, is decidedly hilly, and is known as the mountainous region of Texas. It is certainly among the very healthiest sections of the United States, and the air is pure and invigorating as of any region of country the world over. During the past five years Western Texas has become very rapidly known as a health-resort worthy of the fairest trial by those suffering from any form of throat or lung complaint; and the ancient city of San Antonio is crowded every winter with invalids from the Eastern and Northern States, seeking the influence of our health-restoring climate. But few have been doomed to disappointment. None, we believe, have been disappointed who came while the ghost of a chance for recovery remained.

San Antonio is but the centre of the scope of country, a residence in which generally proves so very beneficial, and invalids visiting Western Texas cannot expect to recover if they sit quietly in their rooms in a hotel or boarding-house in the city, waiting for the pure air to come to and benefit them.

Exercise, such as walking and horseback riding, is very essential to recovery, and suitable diet and attention is often needed in advanced cases. The hunting-fields of Western Texas afford rare sport for those strong enough to participate, and patients who visit our section of country will find every necessity and many of the comforts of life. Above all, they will find the pure, rare air, so necessary to delicate lungs, without the cold of Colorado or the dampness of Florida.

A word to the physicians. Do not send your *dying* patients to Western Texas. When recovery is at all possible, our climate will do them good, but when they are in the *last stage* of consumption, with one foot already in the grave, this is no place for them. They should be at home among friends.

Very respectfully,

C. E. FISHER.

SAN ANTONIO, TEXAS, July 27th, 1877.

A REPLY TO T. F. ALLEN, M.D.

BY SAMUEL SWAN, M.D., NEW YORK.

As the April and May numbers of the *Hahnemannian Monthly* contain articles by Dr. T. F. Allen in which reference is made to my remedies, I think it right to reply lest the statements should be believed.

In the April number he says :

"I wish to add, that the provings with the so-called highest potencies (c.m., m.m., of Fincke and Swan) are in reality the result of moderate potencies. Professor Burdick, of New York, has been carefully looking into the matter, and will soon demonstrate that the millionth fluxion potency is no higher, if as high, as the thousandth of the centesimal scale, and that in general the square root of a fluxion potency will represent the highest possible Hahnemannian potency. When using the one thousandth potency of Boericke & Tafel (from which I have had the most prompt and gratifying results), I consider myself quite as 'high' as any who use the so-called 'm.m.,' or higher."

Now the only experiment which Dr. Burdick made with attenuations from my potentizer was last summer. His potencies were made by himself, on the Hahnemannian scale of one to ninety-nine. Those made by my potentizer were *not made* with the full force of the water (twenty pounds to the square inch), on which depends the potentization, but the water was allowed to trickle into the vial and barely run over, the object being to see the difference between the two modes of potentizing. I protested at the time that these did not represent *my* potencies, and I am not aware that Dr. Burdick has ever said that they did. The coloring matter used was eosine.

By spectroscopic test the distinguishing bar disappeared in the Hahnemannian potency at the *fifth* centesimal, and in that made by the flowing water, at the fourteenth centesimal, my notation. (Dr. Skinner and myself both understood that it was the ninth.) Now, according to *that* experiment, the "millionth, Swan," would represent the $357.142\frac{6}{7}$ th "Hahnemannian potency," instead of the one thousandth.

Dr. Burdick and myself propose to make further experiments, and with my real potencies. The question of potencies, and their relative value, must be decided by actual use, and these experiments only show the physical ratio of a very

low attenuation. The most useful potencies are those so high that all physical and chemical qualities are entirely eliminated.

So much for the potencies.

In the May number Dr. Allen says :

"Dr. Laura Morgan took *Lac caninum*, one dose of the 'c.m.,' and observed symptoms during the eighteen months that succeeded."

In the *proving* it appears that on the 13th of March, 1871, Dr. Morgan took *three doses* of the "*thirtieth centesimal potency, Fincke*," and the majority of the symptoms that have made this drug so much sought after, and so very efficacious in the hands of careful practitioners (Dr. Allen excepted), was the result of these three doses of the thirtieth.

On the twelfth day of the proving, that is on the 25th of March, her throat was examined by two allopathic physicians, her former professors in college, and they diagnosed *diphtheria* and advised *immediate cauterization*.

On the 13th of May symptoms ceased, and on the 29th of May she took one dose of the 40 m., the symptoms following that abating on the 17th of June. She took on the 21st one dose of the 75 m. Symptoms ceased, with menstruation, on the 23d of July, and on the 29th and 30th she took one dose each day of the c.m.

From these doses symptoms continued, usually at the menstrual period, until January, 1873, and then ceased. On the 23d of January, 1873, for "an oppression and sense of suffocation in the chest" similar to what she had experienced on the second day of the proving, she took a dose of the 10 m., which relieved the oppression, and was followed by some very marked and characteristic symptoms. There was a renewal of these symptoms for several months at the menstrual period.

Dr. Allen then continues :

"These symptoms are desultory, and lack any characteristic by which they could possibly be attributed to the effect of the dose taken. We assure our readers that we have examined the symptoms without prejudice, and are unwilling to assume the responsibility of giving them a place in the *Materia Medica*, whence they would find their way into repositories, and be used perhaps with the effect to prolong suffering, and disgrace homœopathy by *failing to be verified*. This course has the approval of several in whose judgment we have confided."

In a letter to me, dated September 20th, 1876, Dr. Allen says, "Lac caninum will not cure dysmenorrhœa or diphtheria." Unless he is quibbling on the *name* of the disease, he means that it will not cure those morbid pathological conditions commonly known as dysmenorrhœa and diphtheria.

In the June and July numbers of the *Medical Advance* will be found some cases of *diphtheria cured with Lac caninum*. I have purposely refrained from publishing cases of my own, preferring those of physicians who will hardly be charged with prejudice or who are not liable to be mistaken in the action of a drug. They find that the proving is verified. Dr. Eggert, a gentleman well known in the profession, after several years' careful use of Lac caninum, introduced it into his *Therapeutics of Dysmenorrhœa*.

Dr. Berridge introduced the eye symptoms into his valuable *Repertory for the Eye*.

During the past six months many provings of Lac caninum have been made, and, like the reprovings of Sepia, show but few new symptoms, while they abundantly verified the original; in one case producing an attack of diphtheria of great severity, an account of which will be found in the June number of the *Advance*, after the case furnished by the late Dr. Payne, to which it showed great similarity.

I have just received the account of a cure of a case of "parenchymatous inflammation of the uterus," by J. A. Biegler, M.D., of Rochester, N. Y. There is no "prolongation of suffering" or disgracing of homœopathy in this case.

These provings and investigations of mine had no other motives than the advancement of homœopathy and to benefit the sick. Believing that in our daily food we should find our daily medicine, and knowing that there was no *inert* substance when potentized, it was my endeavor to add new remedies more efficacious than any now in our possession.

In extending my inquiries outside of nutrients, I was led to test morbidic products, and demonstrated to my entire satisfaction, and that of many others, that they *will cure the diseases that produced them, if given in high attenuations, and to any other persons than those from whom they were procured*.

High attenuations, in their proper sphere, and Lac caninum are solemn truths, and Dr. Allen will find that by kicking against a truth he will only injure himself, for truth is a rock and he cannot disturb it.

AN ANECDOTE OF CARROLL DUNHAM, M.D.

EDITOR HAHNEMANNIAN MONTHLY:

I would hardly trespass upon your space and patience with a communication, but that I have an anecdote to offer of one of Hahnemann's greatest and most faithful disciples, the late lamented, learned, lovable Dr. Dunham. I am indebted for these facts to a lady who lived in Newburgh, at the time Dr. Dunham practiced there, and who was one of his patients. It was his habit to rise very early; and often on bitter winter mornings, as the gray dawn began to redden in the east, he might have been observed stealing along the by-streets, muffled up, as well to defy recognition as to keep out cold, with a huge market basket on his arm, piled up with those things his wise and generous heart knew would be best suited to the wants of those in poverty and sickness. Long before most folks were out of bed, the "good doctor" as he was so truly called, would have emptied his basket and be back by his own fireside, cheerily joking about how he would dislike to get up early and go out on such a cold morning! His truly was charity whose right hand did not know what the left was doing, as it was said even Mrs. Dunham did not always know of these benevolent constitutionals, and the doctor preached secrecy to all whom he so served.

Upon one occasion he was visiting Mrs. —, and she told him of a poor washwoman who lived near her in a rude damp hovel, who was at that time lying very ill from overwork, and in extreme poverty. The doctor proposed that Mrs. — should guide him to the woman's miserable abode, to which she gladly assented. He very gently questioned the sick woman and prepared some medicine, after which Mrs. — observed him fumbling in his vest pocket, whence he presently produced a bulky powder which he marked carefully and left, saying it was only to be opened and its directions read when he had been gone some time. After he had gone it was opened and found to contain a five dollar bill, and the directions read, "Buy bread and meat and trust in the Lord." Truly, indeed, "Of such are the kingdom of heaven."

"DUNHAMITE."

RAUE'S ANNUAL RECORD.

EDITOR HAHNEMANNIAN MONTHLY:

We have missed very greatly a yearly visitor and counselor this summer (*Raue's Record*), and wrote to Prof. Raue to know why. We received the following brief, sorrowful, and disgraceful epitaph from the illustrious "C. G. R." in reply: "DID NOT PAY." We say "sorrowful," because we think that no homœopathic physician who daily studies his cases will learn that he is no longer to have the assistance of *Raue's Record* without a feeling of regret so profound that it may actually be styled *sorrow*. "*Disgraceful*," because *Raue's Record* is the most scientific and practically useful series of publications ever undertaken in the history of homœopathy. And it will show a disgraceful lack of all spirit of advance and *esprit du corps* if we, as homœopaths, allow this work, so valuable, both historically and practically, to lapse. It may be urged, those who take the magazines and have them bound have no use for the *Records*. We think otherwise. We will undertake to find from *Raue's Record* all that has been published of any importance in homœopathic literature on any given subject during the six years the *Record* has been issued while the most accomplished member of our school finds the same in a single year's files of any magazine. The result would be, *we* should have gleaned from the whole of our literature for six years; our opponent will have selected from only one publication and for only *one* year. And we could multiply proof of the great value of the *Record*. The price was so reasonable and small, three dollars! Why, we would rather pay six dollars a volume, yea, nine dollars, than not to have the *Record*. Is it too late now to reopen the books and persuade the accomplished editor of the *Record* to resume his insulted pen and prepare 1876 and 1877, and give us them next summer? We will subscribe for ten copies of each issue, and if Professor Raue needs editorial assistance our pen will be promptly dipped to afford it, poor and ill-advised as it may be. In conclusion, let me point your attention to *Braithwaite's Retrospect*. *Raue's Record* is more, far more, to homœopathy than the *Retrospect* ever was or can be to allopathy. Don't let us lose our *Records* unless we are ashamed of them.

STUDENT.

SCHUYLER CO. (N. Y.) HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY A. P. HOLLETT, M.D., SECRETARY.

THE annual meeting of the Schuyler County Homœopathic Medical Society was held at the office of Dr. William Gulick, in Watkins, on Tuesday, July 10th, 1877, Dr. Alexander V. Stobbs, President of the Society, in the chair. The following members were present: Drs. Alexander V. Stobbs, William Gulick, E. W. Rogers, C. B. Knight, F. W. Adriance, G. A. Tracy, E. W. Lewis, A. P. Hollett, and also Dr. D. A. Dean, of Wayne, Dr. Dearborn, dentist, of Havana, and medical students E. C. Strader and Emmett C. King. The minutes of the last meeting were read and approved. The Censors reported the name of Frank W. Adriance, M.D., of Watkins, a graduate of the Hahnemann Medical College of Philadelphia, for membership, after which he was duly elected. Dr. E. W. Rogers presented the name of Dr. David A. Dean, of Wayne, Schuyler County, for membership, which was, under the rules, referred to the Censors. Dr. Gulick presented the name of Mr. Emmett C. King as a medical student, to study under his supervision, and filed the certificate required by the statutes. The Treasurer made his annual report, which was adopted. The following officers were duly elected for the ensuing year:

President, Dr. E. W. Rogers; Vice-President, Dr. G. A. Tracy; Secretary and Treasurer, Dr. A. P. Hollett; Censors, Drs. Wm. Gulick, Alex. V. Stobbs, C. B. Knight, F. W. Adriance, and I. B. Sargent.

Delegate to the State Medical Society, Dr. E. W. Rogers.

On motion, Dr. E. W. Rogers was nominated for permanent membership of the State Medical Society.

Dr. Alex. V. Stobbs delivered the annual address, the subject being, *Diphtheritic Septicæmia*. The address was discussed by the members present.

Dr. Tracy reported an interesting case of enlargement of the prostate gland.

On motion, the Society adjourned to meet at the office of Dr. Adriance, in Watkins, on the second Tuesday of October.

HYDROPHOBIA.

BY C. PEARSON, M.D., WASHINGTON, D. C.

I WAS much interested on reading the very ingenious and original article of my friend Dr. Baer, in the last (August) number of the *Hahnemannian Monthly*, on Hydrophobia. If the cause of this dreaded malady is as he states, then the remedy he suggests should be enforced by law. It is practiced on other domestic animals, and why should the dog and cat serve as exceptions. I am, however, a little surprised to hear the Doctor say, "Dr. Hammond's opinion that it is an affection of the brain is undoubtedly correct." It has never appeared to me that post-mortem examinations have revealed sufficient pathological changes to justify this opinion. The doctor tells us that acute, and maybe chronic congestion of the meningeal membrane have been discovered, but he is aware that this condition is often found to be present where no disease at all had existed, as in the case of death from hæmorrhage. The investigations of Dr. Hammond, from which he concludes the seat of the disease is the nervous system, is, instead of being a new theory as many supposed, nothing more than has been advanced time and again. Forty years ago Dr. Hooper wrote in regard to it, "In some cases of dissections, not the least morbid appearance has been observed, either in the fauces, diaphragm, stomach or intestines. The poison has, therefore, been conceived by some physicians to act upon the nervous system, and to be so wholly confined to it as to make it a matter of doubt whether the qualities of the blood are altered or not."

It has been asserted that the affection is so wholly nervous that it is not even necessary that the animal communicating it should be rabid. This, however, we think not well authenticated. It would be extremely difficult to determine to what extent the mind may, in the human subject, be instrumental in its development, as its influence on the physical system, either in health or disease, is as powerful as it is mysterious. And yet it is questionable whether a purely nervous disease, unaccompanied by other diseased action, can ever exist.

It is well known that in certain idiosyncrasies or conditions of the system, fright or shock may develop some so-called nervous diseases, but in these instances some other predisposing causes may have been primarily present. If it be made appear that the disease may be communicated by the bite of a healthy animal, no poison being necessary, it would be an argument in favor of the nervous theory, provided none of these predisposing or mental causes pre-existed. The dog has been amongst the most common of man's domestic ani-

mals for many thousands of years. Whether sporadic cases of canine madness may not, at times, have appeared during all that period, we have no certain means of knowing. The disease is mentioned by many eminent medical writers, but very little seems to have been known either of its pathology or its treatment.

Some two centuries ago Sydenham, the great father of English medicine, referred to it, but disposes of it in a very few words, as follows: "After forty days or more, melancholic symptoms appear—thirst, fever, hydrophobia, and, at last, convulsions of the extremities." For this condition he recommended to be applied externally spirits of wine and Venice treacle—a compound of sixty-one ingredients, and thought to be an effective antidote to all animal poisons. Medical men have usually regarded it as a blood-poisoning communicated by the bite of rabid animals, and apart from the dynamic theory of Hahnemann we know of no other way that animal poisons can affect the system than through the blood circulation.

The advocates of the nervous theory assert that the blood and flesh of rabid animals are not poisonous, as the Indians eat with impunity such as have been known to have been hydrophobic; but they also eat the rattlesnake, and many poisonous substances may be taken into the stomach without injury, which if inserted into the blood would induce death. It is also contended that it is not even necessary that the affected animal should bite or wound the person to whom the disease may be communicated, as instances are recorded where death has occurred from dogs having licked the hands or face.

I have long believed, and Dr. Baer's reasoning has more than ever confirmed that belief, that the seat of this affection was the glandular system. The poison is undoubtedly secreted by the salivary glands. Claude Bernard asserts that the transfusion of the blood of a rabid dog will not develop the disease in a healthy one, but the injection of the saliva would undoubtedly do so. But what gives rise to sporadic cases? I am willing to accept Dr. Baer's theory as being most plausible, and if correct, the glands are certainly most implicated; but why are their secretions at one time poisonous and at another healthy? Is this psychological or mental? Does the snake secrete its poison for each special occasion, or has it always a reservoir on hand? And then how does this morbid secretion affect the physical system if not through the circulation? Its action is not rapidly fatal, as is the case with some other animal poisons, where death may occur within twelve

or twenty-four hours, showing unmistakable evidence of blood-poisoning. In hydrophobia the period of incubation may be anywhere from weeks to years. Still, this is not conclusive evidence that it does not act through the circulation on the glandular system, for we all know every poison and every drug has its own specific action on some particular organs or tissues, as well as a time for making this manifest. The vaccine virus, as well as that of small-pox and other contagious diseases, remains, to all appearance, latent in the system for a number of days. One circumstance which goes far towards disproving the nervous theory is the fact that most of those who die of hydrophobia, except during the spasms or convulsions, retain their consciousness during the entire course of the disease. Could we expect this were a diseased brain the cause? Again, one of the first perceptible pathological changes is congestion and tenderness of the sublingual glands.

Whatever may be its cause, or wherever its locations, we think its entity cannot be doubted, but has the popular belief that it is incurable anything to do with making it so? The reasoning seems to be that all who die had the disease, while those who recover had not; but many facts go far to prove that cures have not only been effected by medicines but spontaneously. A case is reported in the thirteenth volume of the *Philosophical Transactions*, where a young man and a dog both died of hydrophobia, having been bitten by a dog that afterwards entirely recovered. One thing seems clear—cures must either have been effected, or the proportion of those who contract the disease after having been bitten is very inconsiderable. Some sixty years ago, a man in New York State, by the name of Lewis, and another in New Jersey, claimed to have treated three hundred persons who had been bitten, with only one death.

In 1807 a veterinary surgeon in London, by the name of Blane, had a recipe which he claimed dated back one hundred and fifty years, to one James Webb, and he asserts that he gave it to ninety dogs after they had been bitten, and that only one died of hydrophobia; how many died from the medicine he does not inform us. The success of the madstone is, perhaps, nearly equal to this, and yet it is questionable whether it possesses any prophylactic or curative virtues whatever. But these circumstances show the great preponderance of chances for recovery. Cases have also occurred where persons have lost their lives as much and possibly more from the

remedies resorted to than from the disease itself; as was the case a few years ago in Italy, where a man supposed to have been bitten by a mad dog and ill of hydrophobia suffered himself to be repeatedly bitten by the lance-headed viper. It is said the symptoms were immediately changed, and that he died more from the poison of the snake than from that of the dog; another argument, if needed, against the folly of resorting to *low attenuations*. I have resolved, should I meet with a case in practice, to fairly test *Tarantula 200th*, and hope other physicians will do the same and report the result through the journals.

“PUERPERAL THERMOMETRY.”

PHILADELPHIA, September 1st, 1877.

M.D.

DEAR COLLEAGUE:

At the recent meeting of the “AMERICAN INSTITUTE OF HOMŒOPATHY,” held at Lake Chautauqua, I was appointed Chairman of the Bureau of Gynecology for the ensuing year.

“Puerperal Thermometry” was selected by the bureau as the subject for its consideration at the next meeting of the Institute. It was decided to observe closely all the thermic conditions of lying-in women, beginning a few days prior to their expected accouchement and continuing to observe until their complete recovery.

The observations should be accurately taken, in bad cases twice daily, and the temperature, pulse, perspiration and remedy given, noted upon the accompanying tables. With this end in view I have prepared two sets of tables. The smaller are to be used at the bedside; the larger are for use in our offices, and are to be filled up from the smaller, either daily, as the case progresses, or at its termination.

HOW TO USE THESE OFFICE TABLES.

Be provided with three kinds of ink—red, blue and black. A separate pen must be used for each kind of ink. Mark with the pen a *red* dot in its proper place to show the degree of temperature. A *blue* dot must be placed to show the frequency of the pulse, and a *black* dot to show the number of respirations per minute. This being done, connect with a continuous *red* line all the *red* dots, the *blue* dots with a *blue* line, and the *black* dots with a *black* line. Mark the remedy below in its proper place.

Now if these directions be faithfully carried out, the real progress of our cases will appear before us at a glance, and it will be seen that the temperature, the pulse and the respiration will approach the normal standard more rapidly and with fewer variations, as the proper remedy is allowed to act. A brief and lucid description of each case should be written on the back of its table, and such remarks made as will serve to render the record thoroughly comprehensive and intelligible. Cases accurately reported in this manner will be of great value in making up statistics for future use, and will do far more for “thermometry” and the “healing art” than if thermometry were observed alone without reference to the influence of treatment.

In this way, too, we can prove conclusively which method of practice is the most successful for suffering humanity; a very loose kind of homœopathy, or one conducted strictly according to the principles laid down in Hahnemann's *Organon*. We need thousands of these reports and comparisons till there shall be no doubt in the mind of any one as to which is the better form of practice. I therefore beg you to engage in this good work at once and tabulate, as above directed, every case of midwifery that falls to your care. A good work on medical thermometry and human temperature, such as that of Seguin's, will be of great assistance to every physician. The age of progress in which we live absolutely demands of us an intimate knowledge and a perfect mastery of the whole subject, including even the relation of human thermometry to the homœopathic *Materia Medica*.

Each table should be carefully and legibly signed, and sent to me at the completion of each case. This will enable me to arrange for a systematic report the large number I hope to receive. Full credit will be given to each observer for his labors at the meeting of the Institute. If the tables are sent to me continuously, as above requested, I can receive them until June 1st, comparing and preparing a comprehensive report of the whole work. If they are kept back and forwarded all at once, I must certainly receive them by April 1st, in conformity with the rules of the Institute; but two months of observation would thereby be lost.

THERMOMETER.—The greatest care must be observed in procuring a thoroughly reliable instrument—one that has a guarantee certifying to its accuracy.

A FEW SPECIAL POINTS FOR OBSERVATION.

Will the thermic condition of the lying-in woman, immediately after the birth of the child, foretell uterine hæmorrhage?

What is the thermic state of one suffering from uterine hæmorrhage?

Thermic condition during mastitis or abscess of the mamma?

Thermic condition during persistent after-pains?

Thermic condition during puerperal metritis or peritonitis, etc., etc.?

Thermic condition during what is called milk fever?

Thermic condition of puerperal septicæmia?

Thermic condition during phlegmasia alba dolens?

And any other phenomena that may be worthy of note. Of course observations in regard to the pulse, respiration and the remedies used must also be duly noted.

Faternally yours,

H. N. GUERNSEY, M.D.,

1423 Chestnut Street.

The above communication I address not only to the Gynæcological Bureau, but to every homœopathic medical practitioner. I earnestly invite such members of the profession as are willing, to co-operate with me in this important and useful work. To all who desire to assist, I will forward the tables necessary for the prosecution of the work *free of charge*, on application.

H. N. GUERNSEY, M.D.

OBITUARY.

DIED at Mobile, Alabama, May 24th, 1877, Dr. JOHN CRAGIN, aged 65 years.

Dr. Cragin was born in Worcester, Massachusetts, April 7th, 1812.

He received his literary education at William and Mary College, Virginia, and studied law at Savannah, Georgia. In 1840 he commenced the practice of law in Alabama.

About 1848 he became a journalist, and won a brilliant reputation as a writer. Becoming a convert to homœopathy in 1851, he abandoned all other pursuits and devoted himself wholly to the study of this system, becoming one of its most ardent and faithful devotees. For the past twenty-two years he has practiced his profession in Mobile, Alabama, where he died on the 24th of May, after a long and painful illness, leaving a wife and eight children to mourn his loss.

Dr. Cragin was a close student, and kept fully up with all the discoveries and improvements of the day. His experience was varied, and his treatment of disease attended with great success. He has left several notebooks, containing the records of his experience, the contents of which would, no doubt, be of much value to the profession.

EDITORIAL NOTES.

WE print in this number an article from the *Monthly Homœopathic Review*, showing the standing of allopathic medical practice in the estimation of its representative man, Dr. Matthews Duncan. Truly, the view he gives of it is not encouraging to that self-complacent body of men who arrogate to themselves supremacy in medical position and superiority in medical method. The paper will well repay a perusal. To this body Dr. Wyld would carry himself and his following for the sake of "recognition;" and to them he would sacrifice the principle *similia* rather than be regarded as an irregular practitioner. It does our heart good to see the strong position taken up by such men as Hughes, Pope and Brown in this controversy, and it is equally disheartening to see the weak-kneed and altogether inexplicable action—or rather non-action—of the British Homœopathic Society. A letter from Alfred C. Pope, Esq., one of the editors of the *Monthly Homœopathic Review*, which will appear in our October issue, will be read with much interest. It shows the true feeling of the mass of British homœopaths, we have no doubt.

APROPÓS to this Wyld-Richardson controversy, we print the following sensible article from the *Nashville Banner*, from the pen of our esteemed colleague, Prof. J. P. Dake:

"HOMŒOPATHY.

Has it Surrendered its Distinctive Peculiarities?"

TO THE EDITOR OF THE BANNER:

Since my return from a trip to the mountains, my attention has been called to an article in a late issue of your paper, bearing the title above given; and I have been repeatedly asked if it is true that the British homœopaths have struck their colors and sought refuge in the bosom of "orthodoxy."

It is true, Dr. Wyld, a vice-president of the British Homœopathic Medical Society, addressed a letter to Dr. Richardson, a leading member of the old school in London, in which he endeavored to set forth the points of agreement, more than of difference, between the two branches of the profession, with the expressed hope that a practical harmony, or some unity of effort in behalf of the sick, might result.

That he, either for himself or his society, "*made a formal surrender of the principles of his craft,*" is not true.

He stated his disbelief in some of the teachings and practices of his school, especially of some individuals in that school who have put themselves forward as authors and leaders. In so doing he but exercised the individual right accorded to every man in the homœopathic ranks,—that of thinking and speaking according to the light he has and the faith that is in him, without fear of ostracism and expulsion.

Considering the singular conservatism, the profound regard for the "orthodox" displayed in Dr. Wyld's letter, it is not so much a wonder that he addressed Dr. Richardson in such obsequious phrases as that he ever became a homœopath at all.

Reformers are usually made of sterner stuff.

The idea that this move on the part of Dr. Wyld is "*the beginning of the end of homœopathy*" is simply absurd. I am personally acquainted with the leading members of the new school in England, and am able to say that very few if any of them share in the weaknesses of Dr. Wyld. They enjoy the confidence and support of the most intelligent and noble classes in Great Britain, and are daily achieving new successes.

They have hospitals, and dispensaries, and journals, and books, and societies, every year increasing.

A splendid school, with ample means, has just been opened in London for the teaching of homœopathy.

They have no more use for the smiles of medical "orthodoxy," than have the dissenting churches over there for the fellowship of the National "establishment."

It is a noticeable fact that extraordinary efforts are being made by the enemies of the new school of medicine to publish and exaggerate this bit of correspondence, not alone in Great Britain but in this country as well.

So steady has been the progress of homœopathy, so many its triumphs in all parts of the enlightened world, and so sure and unmistakable has been the loss of confidence on the part of the thinking public in the ministrations of the ordinary profession, this slight concession on the part of a single homœopath appears to be "a crumb of comfort," a sweet morsel of consolation for medical "orthodoxy," worthy of publication and republication and comment and sick-room gossip without end.

In England, as in America, what need is there of the smiles of "orthodoxy" so long as we flourish so well under its frowns?

No man who has enjoyed the freedom of study, belief, and practice allowed by the codes of our British and American homœopathic societies—no honest physician who has learned the value of a *general therapeutic principle* amid the ever-changing theories and empiricisms of the common practice—can possibly desire to return to the “pale of the regular profession.”

When the astronomer forsakes Newton's law of gravitation for the hypothesis of old Ptolemy, and when the mariner casts away the magnetic needle for the old charts and coast-lines of the past, then and not sooner shall we abandon the *law similia* for the dim lights and failing measures of the old school.

But, notwithstanding the wide difference between us in the selection and dispensing of remedies, there is yet much common ground not belonging exclusively to either school.

The study of chemistry, botany, anatomy, physiology, pathology, diagnosis, obstetrics, surgery and toxicology is the same in both.

No wider or more thorough culture is required in the old than in the new school, but rather the reverse—the homœopath having the knowledge of the old adds that of the new.

In *special therapeutics*, or the use of medicines designed to make a special impression for the cure of disease, we recognize one paramount law of nature, designated *similia*.

In *general therapeutics*, or the use of antidotes and means for the removal of many causes of disease and the restoration of normal states, we recognize the laws of *chemistry*, of *mechanics*, and of *hygiene*, as related to those of physiology.

We have no “exclusive dogma,” nor *exclusive code*.

And, in conclusion, as to the abandonment of “distinctive peculiarities,” I submit to careful readers and observers if the changes among our old-school brethren in the last half century, from bleeding to cupping, and from cupping to hot fomentations—from huge doses of calomel to one-tenth-grain doses, and to mild cathartics—from blunderbuss, dozen-ingredient prescriptions to simple articles—from depletives to stimulants in fevers, and from astringents to laxatives in diarrhœas—and the general abandonment of active for expectant treatment—of murderous drugs for hygienic measures—do not all show a greater tendency to a *change of base* than can be found among the practitioners of homœopathy?

The quantity of medicine to be exhibited in each case must be determined chiefly by experience in practice.

We have no principle on the subject, save to employ *just enough and not too much* medicinal matter to effect a cure.

Because we recognize a law of nature as our guide in the selection of remedies, and because we give smaller doses and require greater hygienic care, there is no reason for unending hostility and combat with those who reason and practice differently.

We seek no compromise, we ask no favors, we make no concessions: but propose to live and learn, and work right on in the future as in the past, willing at all times to recognize and co-operate with all educated and honest workers in the field of medical practice, regardless of names and party lines.

J. P. DAKE, M.D.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—An association with the above title was organized at the last session of the American Institute of Homœopathy held at Lake Chautauqua in June last. Its meetings are to be annual, and will be held at the same time and place as those of the Institute. The object of the society will be to advance the interests of those engaged in the specialties represented, and to have a different and a higher class of papers and discussions than would suit an association of general practitioners not versed in the minutiae and technicalities of these important departments. A part of its work will be to show the action of medicines applied homœopathically to diseases of the eye and ear, and in this way will be doing a great good for the whole profession.

These eye and ear fellows are a sharp set, and their reports, papers and discussions at the Institute meetings since the organization of their bureau have been in the estimation of many the best that have been presented. Associated together in a separate society, where they need not to feel themselves hindered by their audience, they can talk each other learnedly into strabismus, and raise the very deuce with each other's M. T's., by the use of high-sounding polysyllables.

The officers for the ensuing year are: *President*, T. P. Wilson, M.D., of Cincinnati; *Vice-President*, W. H. Woodyatt, M.D., of Chicago; *Secretary*, Alfred K. Hills, M.D., of New York.

HOSPITAL REPORTS.—Within the past six months two hospitals for the treatment of sick children have been established in Philadelphia, one in the "west side," in West Philadelphia, at Forty-third and Oregon Streets, and the other in Philadelphia proper, at the northeast corner of Eighth and Poplar Streets. Both are doing good service for the children, and are in every way deserving of the support of the profession and the public. We have received from the respective residents the following reports:

Report of the Pennsylvania Homœopathic Hospital for Children.

During July eight beds have been kept filled, some with cases of a chronic nature, others with those of an acute character, and some with interesting surgical cases. In the dispensary over three hundred prescriptions were made, the majority of the patients being children, the increase in numbers over the preceding month being notable.

CLAUDE R. NORTON, M.D.,
Resident Physician.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The members of this association, and all others interested, should bear in mind that its annual session will be held in Philadelphia on the 3d and 4th of October next. It is very desirable that there should be a full attendance on this occasion, and, in fact, the secretaries have every reason to believe that there will be. A number of valuable papers will be read, and no doubt these will be ably discussed. Meetings of State medical societies are very important matters. The *esprit du corps* of the profession largely depends upon the interest taken in the State society, and when we find a large, well-attended and live association of this kind, depend upon it, we will find homœopathy in a flourishing condition. We trust that there will be an excellent attendance at this forthcoming session. For further particulars address Dr. M. M. Walker, 12 West Walnut Lane, Germantown, Philadelphia, or Dr. Joseph C. Guernsey, N. E. corner 15th and Walnut Streets, Philadelphia, who are the excellent secretaries.

HOMŒOPATHY IN IOWA.—Without a twenty years' struggle, as was necessary in Michigan, the friends of homœopathy in Iowa have succeeded, with little opposition, in organizing a homœopathic school in the medical department of their State university, and now comes to hand the first annual announcement. The incumbents of the chairs are A. C. Cowperthwait, M.D., of Nebraska City, Professor of Materia Medica, and W. H. Dickinson, M.D., of Des Moines, Professor of Practice of Medicine. Of the eminent fitness of these gentlemen for the positions to which they have been called none can doubt who may be acquainted with their qualifications.

It is not to be expected that the new schools of the West can give the student facilities for acquiring a medical education equal to the older and better equipped institutions of the East, yet in time, under the patronage of the State, these schools should, and no doubt will, acquire the means of imparting a thorough medical education. Until then, many of the Western students will feel it necessary to take one of their courses in the East, where they may enjoy the extended clinical advantages of the large cities, which it is impossible to meet elsewhere.

PUBLICATIONS RECEIVED.

CONTRIBUTIONS TO REPARATIVE SURGERY, showing its application to the Treatment of Deformities, produced by Destructive Disease or Injury; Congenital Defects from Arrest or Excess of Development; and Cicatricial Contractions following Burns. Illustrated by 30 cases and engravings. By Gurdon Buck, M.D. *New York: D. Appleton & Co*

Such is the comprehensive title of a brochure of 236 pages by Gurdon Buck, M.D., of New York, and issued by the Appletons.

A work devoted to the cultivation of so inviting a field at once arrests the attention of the busy practitioner, even though he be not especially interested in matters surgical. Indeed the public at large who are compelled to witness the really hideous specimens of deformed humanity with which they are liable to be confronted daily, are presumably interested in any effort put forth to diminish the number of such spectacles. Until late years many of the most distressing forms of deformity were abandoned as hopeless, and it is to this very class of cases that such men as Gurdon Buck, with courage and genius, have devoted their energies.

The volume before us claims to represent the author's experience and observation in plastic surgery, with particular reference to lesions of the face and cicatricial contractions following burns. The value of the work is greatly enhanced by the introduction of many excellent woodcuts, taken in every instance from photographs, which serve to illustrate the text and render the descriptions more explicit and practical.

Five short chapters are devoted to the elucidation of general principles, and are followed by an illustrated description of some thirty cases from the author's practice, this latter constituting the major portion of the book.

Chapter I treats of the transplantation of skin, and makes some suggestions in regard to the choice of material. The skin chosen for a patch should be perfectly normal, not the pale, glossy formation, such as is found after a burn. Another point is to secure sufficient nourishment for the flap, hence care should be taken that its long axis should correspond to the direction in which the arteries are distributed. In mapping out the flap oiled silk is suggested, which should be laid upon the bare surface after it has been pared and prepared for the reception of the patch. An accurate pattern is thus obtained to be used in marking out the shape and size of the required portion of sound skin. The author recommends that a line be allowed for shrinkage, but this strikes us as scarcely sufficient.

In marking of the sound skin pins are used, being inserted at intervals sufficiently close to indicate the proper shape.

Chapter II refers to the methods of transfer. The *first* is by approximation, which consists of paring the edges on either side of the space, liberating the skin by a slight dissection, and then approximating with pins and sutures.

The *second* is by sliding, and is useful where one side only of the space is available. The skin is dissected up freely (one end of the flap remaining connected), and slid over the space to be covered, being secured in place by sutures.

The *third* method is by transfer from a distance. The patch of skin having been dissected up, the intervening skin is also raised in order that the raw surface of the patch may come in contact with a corresponding surface underneath. The intervening skin so dissected up is then slid over to assist in covering the space left by the flap.

Or in dissecting up the flap a long pedicle is left, and the intervening skin is "jumped."

Chapter III relates to the treatment of the raw surfaces left to heal by granulations.

Although an important feature in the management of these cases, the author devotes but brief space to its consideration. The dressing recommended is an excellent one, being essentially the same as Richardson's styptic colloid dressing.

As soon as hæmorrhage has ceased (we think a little oozing is an advantage, especially with Richardson's preparation) the raw surface is to be

covered with scraped lint, and then an additional layer of lint, dipped in collodion, is to be applied. This forms a scab which separates in six to ten days, exposing a healthy granulating surface.

The author does not indicate what is then to be done, but doubtless he favors the repetition of the same process until complete cicatrization has occurred.

Chapter IV treats of the very important matter of sutures and their management. Three kinds are described and it is well to note how each is employed.

First we have the interrupted thread suture, useful in a large number of cases where there is not much strain on the parts, or as supplementary. In the author's opinion the thread is equal if not superior to the metallic in many instances, and in this we can bear him out, having preferred the thread because in its removal there is less liability to disturb the parts. Care should be observed, however, that the thread is perfectly free from foreign elements and is not soiled. The English prepare suture silk by boiling it in sulphate of soda solution. The wax used should be carbolized.

The trocar-pointed glovemaker's needle is recommended. In order to guard against inversion of the edges of the wound and also to secure more perfect union, the thread should emerge from the under side of the skin farther from the edge than at the surface.

Second, the pin or figure of eight suture is described. The main point here is the description of a pin conductor, devised by the author (and known to the instrument-makers by his name) for the purposes of facilitating the introduction of pins. We can heartily commend this little instrument as an efficient means of enabling the surgeon to insert the pin suture with great ease and accuracy.

Third, the beaded wire clamp suture is noticed. This is a useful form of suture for relieving the strain upon the ordinary suture, and is constructed of a darning-needle, silver wire and glass beads. The needle is inserted deeply, about an inch from the edges of the wound, and the amount of tension regulated by the wire and beads.

Chapter V is devoted to the methods of operating, with special reference to the mouth.

Two methods are described, consisting each of a series of bold operations, by which the cheeks and indeed the whole face is brought into requisition in the reconstruction of the mouth. Without the woodcuts a description of these operations would be unintelligible.

The cases illustrating the subjects treated of in this volume are divided into three classes.

First class.—Loss of parts involving the face, and resulting from destructive disease or injury.

Second class.—Congenital defects from excess or arrest of development.

Third class.—Cicatricial contractions following burns.

The study of these cases (and they require study) will amply repay the time and labor expended, and we heartily commend the work to the profession.

THE PRACTITIONER'S REFERENCE-BOOK, adapted to the use of the Physician, the Pharmacist, and the Student. By Richard J. Dunglison, M.D., pp. 340.

Few practical works will be found to contain so much useful information, either for the old school or homœopathic physician, and few can be so frequently or so satisfactorily consulted as this reference-book of Dr. Dunglison's. Much of the information here collected would with diffi-

culty be found elsewhere, while all is so well selected or condensed, and so well arranged, as to make a volume of great value.

A glance at the contents will give a better idea of the character of the work. The first section, under the title of "General Information for the Practitioner," is devoted to the subject of weights and measures, in which the new metrical system, which is destined to meet with universal adoption, is fully explained, and its relations to the old system carefully considered. Here we find also a table of approximate measures; one of solubility of medicines in water, alcohol, ether and glycerin; a table of abbreviations, and a comparison of thermometric scales.

The second part of the book, under the title of "Therapeutic and Practical Hints," contains a vast amount of valuable matter, among which we find: Rules for the practitioner, and what he is to learn from his patient; tables of doses of medicine, for use internally, hypodermically or by inhalation; enemata or broths; rules for the management of infants in the hot season; obstetrical memoranda; examination of urine; poisons, their nature and treatment; disinfectants, their use, etc., etc.

The third part is devoted to "Dietetic Rules and Precepts," and contains sections on the composition and relative digestibility of various animal and vegetable substances, dietetic preparations for the sick, special forms of diet for various diseases, and rules for testing and disinfecting impure drinking-water.

Part fourth gives concise directions for making post-mortem examinations.

One of the most interesting sections of this book, from its affording evidence that the old school is gradually adopting the principles of the new, is that in "The Modern Treatment of Diseases," where we find "a list of the principal remedial agents, arranged in conjunction with the diseases to which they are applicable." Indeed, one might easily imagine himself examining a homœopathic work, the names of so many remedies will he find that he is accustomed to prescribe as homœopathic to the disease; thus under diarrhœa and dysentery we find recommended, without any reference to the size of the dose, *Acon.*, *Arsen.*, *Bell.*, *Cham.*, *Carbo veg.*, *China* (*Cinchona*), *Hamamelis*, *Ipecac.*, *Merc. cor.*, *Nit. ac.*, *Nux vom.*, *Podophyllum*, *Rheum*, *Verat. alb.*, *Zinc.*; a list from which we might treat successfully many of our cases of these diseases. Then under dysmenorrhœa, we find *Ars.*, *Bell.*, *Borax*, *Cimph.*, *Cantharis*, *Cham.*, *Cann. ind.*, *Nux vom.*, *Ruta* and *Sabina*. *Cantharides* we find recommended for gonorrhœa, leucorrhœa, spermatorrhœa, cystitis, incontinence of urine, gleet, dysmenorrhœa, and in many other cases where we would find indications for the same remedy. Under what possible theory than the homœopathic, could *Ipecac.* be prescribed, as we find it here, for vomiting, vomiting of pregnancy, dyspepsia, diarrhœa, cholera infantum, etc.; or Arsenicum in gastralgia, dyspepsia, anæmia, cholera, cholera morbus, cancer, etc.? Many other illustrations might be given, but this must suffice.

SPIRIT OF THE MEDICAL PRESS.

Bibliothèque Homœopathique, April, 1877 (*Clinique*) *Calcarea carb.* is not absolutely a remedy for cough. The symptoms of the cough are not clearly defined in the experiments and there is recorded a dry cough, sensation of roughness, a velvety feeling in the throat and expectoration of thick mucus. It is the most important remedy for conditions connected with scrofula and tuberculosis. It can be employed in disease of this sphere with success; in chronic varieties of cough, especially in ulcera-

tion of the larynx, and in those which have an organic origin. The special indications can be drawn from the pathogenesis, as Calc. carb. is one of the best antispasmodics.

Chamomilla acts simply upon the nervous sphere, and is thus diametrically opposed to the material action of Calc. carb. The old popular antispasmodic is thus shown to be efficacious in those cases in which the origin of the cough may be determined at the periphery, or at the centre, by irritation of nerves, particularly in women and children. Nevertheless, I ought to confess to little use of it, because other remedies, such as Bell., Conium, Droser., Hyosc., Phosph., Verat., offer more salient symptoms.

Dry tickling cough is not sufficiently characteristic, but the picture of nervous bronchial asthma is characterized in a capital way by the symptoms: suffocative dyspnoea, as if the trachea was pressed by a cord, and constant excitation to cough.—W. H. W.

PHYSICO-CHEMICAL AND PHYSIOLOGICAL CONDITIONS TO OBSERVE IN RESEARCHES FOR SUGAR IN THE BLOOD. M. LEB BERNARD (Idem).—I withdraw with a syringe in a glass, or I receive from the vessels in a porcelain capsule, a determined quantity of blood, 10, 15, 20, or 25 grammes. I add immediately an equal weight of sulphate of sodium in small crystals with a few drops of acetic acid, and boil.

We have already mentioned that by boiling there is produced a coagulum at first yellow, then black, spongy, mingled in a liquid more or less abundant, and how the evaporation drives off some water. We express the substance warm, and obtain the liquid in which one measures the sugar, using the graduated pipette of Moore.

On account of the relative small quantity of sugar which we have to detect in the blood, we use but 1 c.c. of the cupric solution of Fehling. We warm this in a small glass balloon, after having added 20 to 25 c.c. of a fresh solution of caustic potash, so that the oxide remains dissolved. It is necessary to notice only the decoloration of the solution, of which one may perceive the limit easily by preventing the access of air into the apparatus, when the boiling ceases.

Knowing the quantity of sugar which is necessary to decolorize 1 c.c. of Fehling's solution,* there remains to establish, by calculation, the quantity of sugar contained in the entire blood, by changing the weight of the blood and of the sulphate of sodium employed into volumes.

In previous trials we have learned that the relation of the volume to the weight of a mixture of equal parts of blood and of sulphate of sodium is $\frac{4}{5}$, i. e., that 50 grammes of blood, mixed with 50 grammes of sulphate of sodium, gives 80 c.c. of liquid. We have shown how much sugar reduces each cubic centimetre of Fehling's solution, and consequently the total of the blood analyzed. Nothing is easier to find, then, than the quantity of sugar in 1000 parts of blood.—W. H. W.

HOMŒOPATHIC CONGRESS (*Revue Homœopathique Belge*, April, 1877).—All the homœopathic doctors of Paris and the provinces are called together, in order to deliberate upon a project for a Congress for 1878, during the Universal Exposition.

* Fehling's solution is: 534.479 grains of pure crystallized sulphate of copper dissolved in 3086 grains of distilled water; 2669.39 grains of chemically pure crystallized neutral tartrate of sodium in 7715 to 9258 grains of a solution of caustic sodium, of sp. gr. 1.12, and pour, little by little, into this basic solution the copper solution, and dilute with distilled water to 2.1 pints. 10 c.c. (or 162 minims) of this solution will be reduced by .05 gramme (or .7715 grain) of glucose.—Tr.

GASTRO-ENTERITIS FROM PERCHLORIDE OF IRON. Dr. F. Ladalei (*Rivista Omiopatica*. 1877).—A girl of five years was attacked by diphtheria, and finally recovered, under the use of Perchloride of iron, which, in consequence of her subsequent debility, was continued several months.

Anorexia, pain in the abdomen, diarrhœa, and fever finally supervened, for which various remedies were given, including Quinine in large doses; but the patient became worse, and fell into homœopathic hands.

There was much irritation of the alimentary canal, diarrhœa, and a fever, with irregular remissions. The tongue and fauces were bright red, the stomach was sensitive to pressure, and the alvine evacuations were fermented, and of strong odor. The urine was reddish, the appetite lost, the patient restless, irascible, and weak, and the fever increasing daily. Aconite was given, afterwards followed by Bell., until the fever was subdued; then Chamomilla was administered, and the diarrhœa disappeared. Finally, considering her lymphatic temperament, irascibility, suspiciousness, complainings, and tears at trifles, with the general debility, Calc. carb. was prescribed. The continuous use of this remedy for three weeks changed completely the moral character of the youthful patient and restored her to perfect health.—W. H. W.

ADVANTAGES OF DEFIBRINATION OF THE BLOOD FOR TRANSFUSION (*El Criterio Medico*, 1877).—Dr. Ledsiao de Bellini, of Mexico, reports seven successful cases of transfusion. He attributes the greatest importance to defibrination of the blood, in order to facilitate transfusion, which, without this proceeding, provokes the formation of coagula in the veins and their arrest in the heart, or of emboli, which stop the circulation and produce death. He has invented an apparatus for preparing the blood for use.

PURPURA HÆMORRHAGICA (*Idem*).—Dr. V. Chancerel reports a severe case in a soldier, æt. twenty-five years, of lymphatic temperament, who had never had any serious illness.

January 13th, 1875. Had general malaise, loss of appetite, and the next day noticed a number of red spots upon the inside of the thighs. No fever. Bell. 30 was prescribed.

15th. The spots were paler, but general symptoms were no better. Gave Nitric ac.

17th. Had a little fever, general lassitude, spots were redder and more numerous, and were seen upon the insides of the arms and the region of the breast; he had moderate bilious vomiting, cough, with some mucous râles, anorexia, white-coated tongue, and was so weak that he remained in bed. Gave Arsen. alb. 30.

18th. Vomiting had ceased; there was violent lumbar pain, and the spots were more numerous along the anterior and lateral aspects of the body. Rhus tox. 30.

19th. Cough worse, sweat, fever, and general depression. Bryonia 30.

21st. Bilious vomiting returned. Gave Arsen., which had relieved before.

23d. Noticed pharyngeal congestion and some salivation, and prescribed Merc. 30.

25th. Cough worse; pulse small and accelerated; tongue and gums covered with blood. The petechiæ were more numerous; stools green and bloody. Phosph. 24.

28th. Extreme debility; frequent and sanguinolent stools; the cough, spots, and other symptoms unchanged. Ordered chicken-broth and China 30.

29th. No better. Lachesis 24, one drop in four teaspoonfuls of water,

one teaspoonful to be taken every three hours. Under the influence of this medicine the stools became less bloody, the râles diminished, the patient slept a few hours, and his appetite improved. Medicine continued; gave panada and broth.

February 2d. Considerably improved, pulse at 80, appetite and sleep better, and stools less bloody. The spots had paled and disappeared in places, except upon the legs and thighs. The medicine was stopped.

9th. There was great improvement, but a few spots still remained. Lachesis 30 was ordered once a day.

Convalescence was rapid, and three weeks after this last prescription the patient was on duty, but the spots did not entirely disappear till the end of March.

[The attenuations given were probably the decimal. TR.]—W. H. W.

THERAPEUTICS OF PERTUSSIS—Dr. Mossa (*Hirschel's Zeitschrift*, May, 1877.) After a consideration of the dangerous complications of whooping-cough, its often epidemic course and the tardy action of the usual remedies recommended, the doctor was brought to examine Bolle's treatment. Acting upon the idea that in epidemics of whooping-cough the disease factor might be of a parasitic nature, Bolle had chosen a parasiticide remedy, the *Mercurius sublimatus*, which he applied to the numerous ulcers that occurred upon the glossal ligaments during the course of the pertussis.

The discovery of the whooping-cough fungus in the secretions of the mouth, nose, larynx and trachea, and in the mucous discharge in cases of the disease, brought later a foundation for Bolle's theory.

Considering these things, I chose for the treatment of the paroxysms of whooping-cough this year a complex proceeding. I gave to children the *sublimatus*, from the third to the first trituration (always the last for the older patients); and in alternation therewith, the proper homœopathic remedy which most generally corresponded with the usual symptoms of the disease; later, *Lactuca virosa* was generally prescribed in the first dilution.

As examples, I will relate the course pursued with the children of a family, who, after they had passed safely through the measles the latter part of last year, were, at the beginning of the new year, attacked by whooping-cough.

My experience with the different degrees of the disease, united in one family, shows the difficulties of treatment.

There were three girls, blondes, the eldest eleven years, the elder seven years, and the youngest two years of age. The eldest girl was slender, and suffered the most; the attacks came very frequently day and night, and she vomited much mucus, but rarely any food. There had developed a tolerably severe bronchial, gastric and intestinal catarrh. There was also catarrh of the nasal and conjunctival mucous membranes, and she had large defecations during the night. Such was her condition at the end of three weeks, when I was called to attend her, as her physician, an allopath, had taken no measures for her relief.

In the two other sisters the mucous membranes were not so morbidly affected; the kidneys bore the brunt of the disease, as was easily recognized by the diminished urinary excretion. The paroxysms, however, occurred frequently night and day, and there was vomiting of mucus and food. I prescribed two drachms of the third trituration of the *sublimatus* and two drachms of the *Lactuca virosa* first, of which the elder girls received more, and the youngest less, to be given in alternation every two hours, but at night only after each paroxysm. The results were decidedly favorable. In the eldest girl the catarrh trouble abated very soon, the appetite increased, and the night paroxysms, after two days,

became much less frequent—*omen faustum*. Vomiting still continued, but was less severe. In the two other girls the urinary secretion soon became regular, and the night paroxysms soon declined in frequency, so that the mother could once more sleep properly.

After two weeks the cough had lost its spasmodic character entirely, the vomiting ceased, and soon after the catarrhal symptoms disappeared.

I have observed favorable results from the mixed treatment in the second stage of several other cases of whooping-cough.

In the first catarrhal stage, when there is not yet any evidence of a specific cause, I adhere to the usual homœopathic medicines. In these *Pulsatilla* and *Mercurius* even are often indicated. Whether the great ulcer-killers, *Salicylic* and *Carbolic acid*, have rendered any service in whooping-cough—tried as they have been—is to me unknown.—W. H. W.

DISCOVERY OF THE PHOTOGRAPHIC FUNCTION OF THE RETINA (Idem).—In early times the highly interesting discovery was made, that the retina (not as formerly described, at least not in the living organism) was not a whitish, colorless membrane, but that its color was really different, and dependent upon whether it had been exposed to light or darkness.

Professor F. Boll, of Rome, first noted this important fact, and proved that the retina of all animals, after they had been kept in darkness, was of a purple color, and, after being kept a longer time in bright sunlight, was, on the contrary, colorless. This property of the retina resides in the stratum against the pigment, the so-called layer of rods and cones.

The normal color of the retina is also purple, the so-called visual purple (*seh purpur*); this becomes destroyed through the act of seeing, and is regenerated in darkness. It is obvious of what far-reaching significance this fact must be. Still a further property of the retina exists, as was pointed out by common report long ago,—the photographic function, which pictures upon the retina of the dead confirm in a most exact manner.

This discovery belongs to Prof. Kühne, of Heidelberg, who, by this optographie, experimentally transferred distinct optogrammes to the retina of extirpated eyes. His method is simple. He takes a rabbit which has been kept in darkness, decapitates it, and exposes each eye for ten minutes to the light of a bright window. The eye is then left for twenty-four hours in a five per cent. solution of alum. In the eyes thus treated there was found in both of them upon the retina most excellent pictures; one could recognize in full sharpness the outlines of the luminous object and the sash divisions, as little red stripes across, and in other parts removed, pictures of some side windows, which had not been expected.—W. H. W.

REVIEW OF "CONDENSED MATERIA MEDICA" (Idem).—From a lengthy review of this new work, I extract the following: "We must assert that such an undertaking, to declare with certainty the true characteristic symptoms of a remedy, appears to us tolerably risky and hardly practicable, if one take the word 'characteristic' in its broadest sense; that is to say, by the term to understand the appearances and properties which belong to the medicine in consideration under all circumstances. For, firstly, there is no medicine which always presents the same number and kind of characteristic symptoms; moreover, one or several may present none of the characteristic symptoms, but others seemingly unimportant. Secondly, the respective symptoms, valued as characteristic, are really dependent upon subjective experience and opinion of the isolated ones. Thirdly, a union of the so-called functional and pathologico-anatomical appearances forms the true characteristic in the special, as in the general cases, for the choice of the remedy.

"Hering appears to have felt this himself in a certain degree, for indications of it are to be found in the headings: 'Tissues,' 'Stages,' and 'States.' We acknowledge the idea accomplished in the work as necessary, and recognize the arrangement and presentation of the matter as practical, good, and useful, as was to be expected in one of Hering's works. Such a handbook, we think, should proceed from physiological experiments and pathological changes resulting from the action of medicines upon animal and human organisms, and by the aid of anatomy, physiology, pathology, chemical analysis, etc., and the proper provings upon man, these should be traced back to their cause, and reciprocal, temporary and accidental circumstances and dependencies should be explained. Then these results should be used in administering medicines in disease, in order to confirm their theoretical action by the touch-stone of practice.

"A clear medical doctrine, after the example and form of Hahnemann, is even nowadays no longer sufficient; we have a higher, stronger and more scientific measure now by which to estimate the worth of things."

KAVA-KAVA (Idem).—A French naval surgeon, Dupony, recommends this Australian plant, which belongs to the Piperaceæ, is from four to five metres high, and resembles the young fig-tree, as an excellent remedy for gonorrhœa, curing it in from ten to twenty days. The dose was four to five grammes of the powder a day; or the same macerated in water a short time, divided into two doses. The remedy, therefore, well deserves a detailed proving.—W. H. W.

NEURIN IN DIPHTHERIA (Idem).—Prof. Ludwig, of Vienna, recommends the use of this material in diphtheria, upon the ground of chemical action upon albuminous bodies.

In the Children's Hospital of the Crown Prince Rudolph, trials made with it, even in the most severe cases, have had favorable results. The diphtheritic surface was pencilled over with a three to six per cent solution of the neurin every two hours, the membrane was loosened in a short time, the inflammation remained superficial and the general condition of the patient improved in a remarkable manner. Quite similar results are obtained with the analogous-acting triæthyl-ammonium-hydroxyd and tetramethyl-ammonium-hydroxyd.—W. H. W.

CONCERNING THE VITAL TENACITY AND DURABILITY OF ACTION OF THE VIPER POISON (Idem. *Vermischtes*).—G. Valentine has in this connection made some highly valuable researches, the essential results of which are as follows:

Pieces of Swedish filter-paper saturated with the poison, and which had been left dried for six months, at the end of this time proved to be active, and for frogs deadly.

The poison was heated to 90° C., but killed in spite of this, as it did after heating to 105° C.; and in one case, even after raising it to 115° C.; indeed, a piece of the poison paper killed three frogs, one after the other, when it was placed under the skin of each successively.

At 120° C., nearly 100° R., the poison boiled violently, and when this was permitted six or eight times, no poisonous power came from it to affect medium-sized frogs.

Valentine let vipers' heads lie in absolute alcohol for five weeks, then removed a piece of the poison gland of one of the heads, dried it at 90° C. to remove the spirit, and obtained therewith decided effects.

When boiled with ordinary spirits the poison remained perfectly active, another proof that lying in alcohol does not destroy the snake-poison.

Concentrated Nitric acid, Potassium, Sodium and Ammonium proved themselves, when brought in direct contact with the poison, to be the

same destructive remedies, which, in their therapeutic selections, deserve the greatest attention of homœopaths, as these remedies have had for a long time a well-founded reputation against the stings and bites of poisonous insects and reptiles.

Moreover, in stating the extraordinary power of resistance of the doubtful poison, an analogy with another poison may occur to the reader, which is of a different origin, but possesses highly resembling properties—we mean the variola poison. This is therefore of special interest, because we do not remember to have found in the statements of Valentine that any one has shown fungi in the snake-poison, as carriers of the same, to make responsible for the durability (*Hom. Monatsblätter, Avr.*). Dr. A. says: "The transmitted examples of cure of the bee-sting by salt prove to us that the internal and external applications of the salt hinder the cure. The bee-poison is acid, and would, perhaps, by a basic salt like caustic ammonium, be quickly neutralized."—W. H. W.

PARTURITION REMEDIES (*Idem, Mai*).—In this journal it was mentioned in the discussion upon *Pulsatilla*, that it had demonstrated an incomparable action upon pregnant women. When it is given three or four weeks before accouchement, it makes the labor easy and without danger. In this connection we might propose a few remedies for careful examination.

Apis 5th to 12th dilution, to be given once during parturition. *Gelseminum*, when the os uteri will not dilate. This remedy, used as a specific for hastening and ameliorating parturition by American doctors, is given in 1x or 2x dilution, a few drops every 15 to 20 minutes. *Caulophyllum* is better than *Secale* to bring about contraction of the uterus, and to check hæmorrhage. Give 2 to 3 drops of the 1x dilution. It is also a capital medicine for uterine colic. *Lobelia inflata*, 3x, promoted birth in three cases where several doctors had declared the forceps unavoidable.—W. H. W.

CLINICAL EXTRACTS (*Revue Hom. Belge, June, 1877*).—Dr. Turrel publishes reports of warts cured by homœopathic treatment. These cures were due to different medicines: *Staph.*, *Nitric acid*, *Calc. c.*; but above all to *Nat. carb.* 30. He has found *Benz. acid* useful in five cases of ganglion of tendons. In a case of large occipital atheroma in an infant, the cure was obtained by *Calc. carb.*—W. H. W.

MELILOTUS OFFICINALIS (*Idem*).—This medicine, of which the pathogenesis is yet very imperfect, according to Drs. Bowen and Ozanam, has cured cases of insanity, of typhoid fever with stupor, of nervous disease, of congestion to the head, and of neuralgia. Its action is almost instantaneous, and seems to be permanent. Here are the principal physiological symptoms verified: violent congestion to the head, profuse and frequent epistaxis, dry cough, palpitation of the heart, extreme nervousness, loss of memory, confusion of thought, and looseness of the bowels.—W. H. W.

APIS MELLIFICA AND APIUM VIRUS (*Idem*).—Dr. Jousset says: The question of the difference of action of these two remedies has acquired for me great importance. I have treated keratitis for a long time with *Ipecac* and *Apis* in low triturations. Numerous cases have been cured, but upon two different occasions during the past year I have experienced failures. In a lady once cured, who had a recurrence of the keratitis, *Ipecac* and *Apis* did no good, and a leucoma was formed. I had another similar case, which ended in erysipelas; *Apis* melif. failed, and I obtained a cure with *Apium virus*.—W. H. W.

SEA-SICKNESS (*Idem*).—Dr. Shinner mentions a case cured by *Apomorphia* 3d, after the failure of *Cocculus*.—W. H. W.

MIGRAINE (Idem).—*Kali bichromicum* is successful, when there is acute pain in the middle of the right eyebrow, nausea, eructations and vomiting.

WRITER'S CRAMP (Idem).—The professional dyskinesia, described under the name of cramp of writers, pianists, tailors and shoemakers, presented itself to Dr. Gonnard in an artificial flower maker.

In a certain position required for winding the flowers, the tonic contraction of the left half of the thorax provoked a painful cramp of the intercostal muscles, and forced the young lady to change her position; all the other movements of the muscles of the thorax were easy and painless. She had the happiness to be cured by *Zincum* 1st.

(Idem).—Dr. H. de Keersmaecker is going to publish a translation of Dr. Angell's celebrated work upon Diseases of the Eye.

HOMŒOPATHIC TREATMENT OF MALIGNANT JAUNDICE—Dr. Ozanam. (*Bibliothèque Homœopathique*, Mai. 1877). Although homœopathy may have had yet little occasion to treat grave icterus, it can offer precious indications to the practitioner.

Aconite.—When there is rapid loss of strength, congestions of blood in the head, fits of fainting, agitation with cries, or sleepiness with almost a cataleptic state, congestion and hæmorrhage from the nose, stomach, intestines, chest, bladder and uterus; pulse hard, frequent, quick; tendencies to paralysis. This medicine in tincture, one gramme a day, gave a beautiful cure for Dr. Tessier. It agrees above all in the commencement of the disease.

Carbo veg.—When the collapse is complete and reaction seems impossible, and there are hæmorrhages and gastro-intestinal catarrh

Chelidonium majus.—If there is besides the jaundice, sanguineous and serous effusions in the bronchi, epistaxis, purpura, bloody stools and urine, metrorrhagia, constipation and paralysis of the arms or legs.

Digitalis, recommended by Bæhr, if there is decided jaundice, coming quickly; then slowness and irregularity of the pulse; delirium with extreme agitation, followed soon by prostration, incessant expectoration of slight consistency and bilious vomiting.

Phosphorus may often by itself cure the disease, of which it covers the phenomena, as Dr. Ravel has demonstrated. Nothing resembles grave icterus so much as acute poisoning by Phosphorus. We have cardialgia, vomiting, jaundice, multiple hæmorrhages from all the outlets, and in internal organs; cramps, paralysis, diurnal blindness, and the famous typical lesion, *acute yellow atrophy* and rapid death in coma. We urge practitioners to use this precious remedy, either in high dilutions (30 to 200) or in ponderable doses (3d), in the form of syrup, or as red phosphorus, 1x. The use of red phosphorus is without danger.

Ricinus (seeds).—When there is cardialgia and horrible colic, icterus of saffron color, tendency to gangrene of the feet, violent diarrhœa, or repeated vomiting.

Staphisagria has produced a fatal jaundice, and will probably cure it, where symptoms indicate its use.

Sulph. acid, *Nitric acid*, *Crotalus*, *Lachesis*, *Vipera torva*, produce also analogous phenomena (icterus of the viper), hæmorrhages, paralysis, and their employment will be sometimes of use, but they have not yet been confirmed clinically.

If the icterus (grave) follows the abuse of alcoholics, one should give, as an intercurrent or alternate remedy *Aux v.*, *Digitalis*, *Arsenicum*, with the preceding.

If it is a case where isopathy can do any good, it might be well to employ *Cholesterin* or *Glycocholic* and *Taurocholic* acids, regarded as producers of the evil. The attenuations might be able to combat the effects of the massive doses which have altered the organism.

During convalescence, China³⁰ will be perfectly indicated, and will rapidly restore the strength.—W. H. W.

DISEASES OF THE AUDITORY APPARATUS. Dr. Iturralde (*El Criterio Medico*) writes concerning *Erysipelas of the Auricle*, and *Pulsatilla* as a specific for the miasm of erysipelas, etc. When it fails *Mephitis put.* effects a complete cure, as we find amongst its characteristic symptoms itching, heat, redness and erysipelas of the right ear. If the disease invades the face we must employ *Acon.*, *Bell.*, *Rhus*, and *Lach.*

Eczema of the auricle is more frequently seen, and is likely to become impetiginous. The chronic form generally depends upon a scrofulous diathesis, and this must be considered when treating it. If the eczema is acute with nervous excitation and fever, *Aconite* will prove most beneficial, and *Bell.* will diminish and hasten the disappearance of the redness and tumefaction of the skin.

If the disease recurs frequently, or if it is consecutive to some exanthematous disease, *Dulcamara* is one of our best remedies.

In a case which proved rebellious to many remedies, the most signal benefit was derived from the use of *Petroleum*. The patient was scrofulous, had swollen maxillary glands, there was itching, a serous and purulent discharge of fetid odor, a good deal of desquamation, feebleness and headache. *Merc. s.*, *Hepar s.*, *Arsen.*, *Graph.* and *Sulph.* had modified the disease somewhat, but had not cured. The first dose of *Petrol.* removed the weakness and headache. Soon the itching and eruption disappeared, and the skin recovered its normal color after a few doses of *Lycop.* and *Sulph.*

When there is much exudation of corrosive serum and the affection is worse during the afternoon and night, the hearing is diminished, there is a sensation of air passing up the Eustachian tube, with fluttering sounds, and noises of bells, and cracklings, and whistlings, *Graphites* is the best remedy, but *Oleander*, *Calc. carb.* and *Baryta carb.* may be also considered.

Lycopodium rivals *Graphites* in many cases of eczema, and may be alternated with it when there are thick crusts and deep fissures in the skin.

Rhus tox. is a medicine of great utility when vesicles form upon the reddened skin of the auricle; there is intense itching, which is worse afternoons and nights, and better when moving about. After *Rhus*, *Staphisagria* is most important, and characteristic symptoms demanding it are: a yellow and sanguineous exudation, which corrodes the skin and gives rise to new crops of vesicles wherever it runs, thus spreading the disease; a copious crop of crusts form inspissated matter, mostly confined to the region behind the ear.

Other forms of eczema yield readily to *Merc. sol.*, *Hepar sulph.*, *Calc. carb.*, *Baryta carb.*, *Arsen. alb.*, *Sepia* and *Kali bichrom.*

Osteomatoma or hæmatoma of the auricle is best treated with *Arnica* internally and externally. We believe that it will promote resorption of the liquid contents of the tumor, and prevent the deformities of the auricle and other complications which succeed surgical interference. We should not forget other remedies, such as *Bell.*, *Merc. sol.*, *Lach.*, *Apis*, etc.; and when it is necessary to employ puncture, after the indications for *Arnica* have disappeared, *Silicia* will prove valuable.

Otitis externa. (This is an inflammation of the meatus as far as the tympanic membrane.) *Pulsatilla* will cure when there is a lymphatic or lymphatico-nervous temperament; a mild, quiet disposition; sensibility to cold; low spirits; inflammatory swelling about the meatus; heat; redness; lancinating pulsating pains, and a sensation as if something was crawling out of the ear; when there are remissions, followed

by exacerbations of intense pain; noises, chirps of birds, buzzings, sibilations, a sensation of a plug in the ear, and defective audition.

Pulsatilla is, also, an effective remedy in later stages, when there is otorrhœa with redness and pain, and a pressure through the ear, with a free formation of crusts in the meatus; above all is this medicine valuable in those cases which are the sequelæ of measles.

After *Puls.* there is no remedy more effective than *Bell.*, especially in cases in which the brain becomes affected; there are convulsions, delirium and ravings; hot, red face, congested head, agitation, anguish, vomiting, cold extremities; lancinating boring pains in the ears, aggravated by touch and motion; sharp pain back of ear and in the throat; buzzings and ringings. If there is photophobia, and the otitis has come from scarlatina, *Bell.* is invaluable. [The above symptoms correspond with otitis media, not externa.—Tr.] This medicine and *Pulsatilla* are the remedies which correspond to most cases of otitis, and it will not often be necessary to look further.

Borax is of use in subacute otitis with much purulent discharge, lancinating pains in the head, itching of the occiput, and diminished hearing and noises, especially if the disorder occurs in the left ear of pale scrofulous children.

Merc. sol. has given excellent results in otitis secondary to exanthematous diseases, and in scrofulous and syphilitic patients. The characteristics are: pain in the ear, extending to the teeth and face, and greatly aggravated by the heat of the bed; excoriation and ulceration of the meatus; sensitive to cold; abundant secretion of cerumen, or flow of pus and blood; sweating without any relief, occurring from cold, when there are hypertrophied tonsils or diseased parotids.

Sulphur is a remedy for many cases which are rebellious to other treatment, especially if the otitis is in a psoric patient with a tendency to skin eruptions, coryzas, and cerebral congestions, and when it arises from a furuncle in the meatus. There is lancinating, stinging, tearing pain in the ear, extending to the head and throat, and aggravated by disturbance, musical sounds, and all noises, and the human voice is heard imperfectly. When the disease has become chronic, there is a sensation in the ear of running water, and there is a purulent discharge, this medicine will certainly cure. Other remedies are applicable to the treatment of this variety of otitis, and must be selected by their characteristics.—W. H. W.

(*Rivista Omiopatica*.) A new homœopathic hospital has been established at Cannes, mainly through the influence of English residents, though Lord and Lady Warren Vernon are announced as protectors. It is situated in a very beautiful and picturesque region overlooking the sea and close by the town.

Its advantages are such that splendid results are expected from its practice.

The *Rivista*, for June, has Dr. Houghton's article upon therapeutics of otitis media, taken from the *Hahnemannian Monthly*. Our journal is a great favorite abroad, and many of its articles reappear in the musical languages of the south of Europe.—W. H. W.

CAN the mother, acquiring syphilis during the period of her pregnancy, transmit the disease to a fœtus, healthy at the time of fecundation? This question is asked in a paper in the *New York Medical Journal*, for August, by Dr. M. Kassowitz, Attending Physician to the General Hospital for Children, Vienna. After reviewing the question carefully, pro and con, and citing a number of cases in proof, the writer comes to the following conclusion: A child, both of whose parents at the time of procreation were non-syphilitic, does not become syphilitic even if at any

time during pregnancy the mother contracts the disease. This latter may disturb the normal causes of pregnancy, and interrupt it prematurely, but is never transmitted to the fœtus. The syphilitic virus does not pass from the mother to the fœtus through the partition-wall or system of the maternal and fœtal vascular systems.

H. C. TURNER, M.D., of Brooklyn, introduces (*Idem*) a *new uterine applicator*, to take the place of the unsafe syringe in making applications to the fundus uteri. It consists of two parts, a hard rubber tube, the size of a number seven catheter, English scale, which carries the second part, a whalebone rod, extending two and a half inches beyond the extremity of the tube; this rod is flattened from before backwards, and terminates in a slight bulbous enlargement like a probe. In using it the whalebone rod is run through the tube, and cotton wrapped firmly around the protruding end from the bulbous extremity far enough to correspond to the surface to which the application is to be made. When the cotton is thoroughly saturated, the rod is drawn back until its bulbous end is concealed within the tube. The tube is then wiped free from any of the agent used, lubricated, and passed to the fundus, or as far as desired; the rod then being carefully held in position, the tube is withdrawn over it, leaving two and a half inches, the normal length of the cavity of the healthy uterus, uncovered, and the agent applied to the whole of the diseased surface, instead of being almost, or, in many cases, lost before reaching the spot for which it was intended.

DR. A. C. CLIFTON, of Northampton, England, continues his "*Notes from Daily Practice*," in the August number of the *Monthly Homœopathic Review*. He says of *Staphisagria* that he has used it with benefit in gout, in rheumatic gout, and gouty nodosities, in some diseases of the bones, in neuralgia, palpitation of the heart, diseases of the eyelids, and some eruptions of the scalp. In *chronic gout or rheumatic gout* he gives it to men advanced in life, corpulent, feeble pulse, palpitation, dyspnœa on exertion, pains in smaller joints of hands and feet, with much swelling and hardness; generally skin co-affection, alternating with pains in joints; soles of feet are tender, and there is weakness of the knees. He usually gives the third dilution internally, and applies a lotion of tincture and water. In *acute articular rheumatism of fast men* who are debilitated, with shifting pain, it has been of service.

In *caries* following a syphilitic node, or in broken-down patients, it is useful; there is a painful ulcer, scanty or watery discharge; the bone is easily broken down under the probe; the skin for some distance round the ulcer is dusky-red or brown, with vesicles or pinholes discharging a watery fluid. *Staphisagria* internally and as a lotion, one drachm to half a pint of water.

Neuralgia of the scalp, in a literary man, who had taken Mercury and was debilitated; pain worse by excitement, worry, mental work, pressure of the hat and change of air; relieved by quiet, solitude, rest and a warm room; pain dull and stupefying, producing a muddled feeling in the brain, or as if a hard substance was pressing on the skull; all mental work was a trouble to him; could not find the right word, and ideas were slow in coming. The 3d and 6th failed, but the 30th gave relief.

In *Toothache and fungoid state of the gums* it has been of service; the gums are spongy, fall away from the teeth, or present fistulous-looking ulcers; toothache relieved by firm pressure of the teeth together, while a slight touch would cause pain.

Chronic tonsillitis, when the tonsils are not large, but hard from previous attacks of acute tonsillitis, with the *Staphisagria* dyscrasia. *Chronic blepharitis*, with thickening of the lids, pimples or pustules on them, and falling out of the lashes; strumous diathesis, cross and irritable.

Chronic Prostatitis in Old Men.—Here it has been used with benefit, not in diminishing the enlarged prostate, but in relieving symptoms, such as pain extending from the anus along the urethra, coming on after walking or riding, with frequent micturition by day, the urine passing in small quantities, with dribbling afterwards.

Dioscorea villosa comes in for high praise at the hands of Dr. Clifton for its usefulness in colic. He attempts to mark out its line of action in these cases as follows: The colic in which it is especially useful is always attended with a large amount of flatulence, and when accompanied with biliousness or vomiting of bile this is only secondary to the pain, or a sequel to it, and does not appear early in the attack. The patient has neither a large flabby tongue nor a thickly coated one, nor has he a yellow aspect of the face or bilious diarrhoea. It is most suitable to persons of feeble digestive powers (old or young) suffering principally from flatulence after meals, in stomach or bowels, but unattended with any hepatic derangement or irregularity of the bowels. These persons, from some excess in eating, or from having fasted too long, or from some error of diet, such as eating old cheese, uncooked fruit, or pastry, especially if they are great tea-drinkers, may be suddenly seized with violent colicky pains in the stomach or bowels; the pain does not come on for several hours after eating; pain is generally limited at first to stomach or bowels, but it gradually extends to one or other part as the paroxysms recur; the pains, when located in the stomach, being more or less continuous, but yet recurring in irregular paroxysms of great severity, bending the patient double, causing profuse perspiration, and in some cases making him desire death rather than such prolonged agony. With this tendency to bend double, with a feeling as if pressure would relieve, pressure actually aggravates, and the only relief obtained is by stretching the body out, or in some cases by walking about in a very upright position. The pains are variously described as screwing, cramping, lancing, often shooting through the spine, and as if the patient would like to tear the stomach open, or at least must loosen all clothes, which, however, gives no relief. Much distension of stomach, with desire for, and loud, eructations, which afford only partial relief; eructations tasteless, unless the pain has continued long, in which case they may be bitter and sour, or followed by vomiting of bile; cold extremities, feeble pulse, or dry, whitish tongue, but no fever. These symptoms are quickly relieved by *Dioscorea*, in drop doses of the mother tincture, or two or three drop doses of first decimal dilution.

When the pain begins in the bowels, it generally commences in a small spot, and radiates outwards, upwards or downwards. It may extend to the stomach, liver, spleen or uterus, but when it does so it is not at the beginning of the attack. The pains are of the same character as in the stomach, but *less continuous and more paroxysmal*. There is often a sensation as of a knuckle pressing inwards, or a twisting screwing pain, with great distension of the abdomen, and difficulty in expelling wind. When the flatus is expelled it is with violence, and often with a *watery* evacuation, the expulsion of wind affording only partial relief. The pains are aggravated by pressure, and relieved by stretching out the body.

This is a very graphic description of the *Dioscorea colic*, and much more satisfactory than the statement that it is good for bilious colic, gastralgia, enteralgia, etc. Dr. Clifton is "rushing into print" to some good purpose since his trip to this country, and we trust he will give us of his good things for many months to come. He has been for a long time dependent on his own resources, and has worked out many things in practice that cannot fail of being of great service. There may be

nothing absolutely new in his notes on Staphisagria and Dioscorea, but he gives shape to their direction of usefulness in a very serviceable way.

THE *Homœopathic World* (August) quotes an article from the London *Lancet* referring to the excellent properties of malt as an *antiscorbutic*. This property of malt was known and fully valued by the Elizabethan mariners, for we learn from Hakluyt that hogsheads of ale were considered important adjuncts in victualling a ship in those days. Although malt extract is inferior as an antiscorbutic to lime-juice and potato, still its powers in this respect are undoubtedly very high, and it would be a most useful addition to the otherwise scorbutic dietary of the common sailor.

IN the *St. Petersburg Med. Woch.*, April 14th (Idem), Dr. A. Erichsen, on the strength of twenty-five cases in which he had tried it, strongly recommends minute doses of *Cyanide of mercury* (*Hydrargyrum cyanatum*) for *diphtheria*. The following is the formula employed: Hydrarg. cyan., gr. j; aq. destill., ℥vj; syr. simpl., ℥ss.; half a whole teaspoonful every hour. Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and in adults. Of the twenty-five only three proved fatal, one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis, but in all the cases, even in the fatal ones, the diphtheritic process was arrested. Dr. Erichsen is an allopathic practitioner, and of course knows nothing, and wants to know nothing, of homœopathy, but perhaps he has heard of the homœopathic Dr. Villers, and of his success in the treatment of the same disease with the same drug. *Quien sabe?*

DR. E. M. HALE, of Chicago, highly recommends the use of *Monobromide of camphor in diseases of children* (Idem). It is indicated, he says: 1. In the *cerebral irritation* of children, due to teething, otalgia, reflex intestinal disorder, and even a mild degree of congestion. The little ones are very fretful, crying, starting, sleepless, twitching of the eyes and face, and even there are night-terrors due to the same cause. In these cases where *Coffea*, *Chamomilla*, *Ignatia*, and *Scutellaria* utterly fail, the Monobromide of camphor acts magically. The dose to children under six months is one grain of the 2x trituration. Children over six months require 1, 2 or 3 grain doses of the 1x trituration, the doses to be repeated every hour until calmness and sleep follow. He also considers it invaluable for the prevention of *eclampsia* in very young infants, or in young children, due to any of the above causes. 2. In *Cholera infantum* he regards it as superior to any other known remedy. "This," he writes, "I predicted several years ago, and the recent experience of the eclectic and allopathic schools in the country fully bears out my prediction. My own experience has convinced me that nearly every case of this disease is due to congestion or irritation of the nerve-centres, that it is not an intestinal disease primarily, and that such remedies as *Verat. alb.*, *Arsenicum*, *Iris vers.*, or *Ipecac.* are rarely called for, in fact, only when we know that irritation from unhealthy secretions in the primæ viæ is the exciting cause. The experience of our school with Camphor in cholera is strong proof of its probable value in cholera infantum, but the addition of Bromic acid to the Camphor gives it immense additional curative power." It has the advantage of being almost *tasteless*, and does not cause disgust; it is less liable to cause nausea when placed on the tongue in pinches than pellets are. He also recommends it for its curative power in *disorders of women characterized by erethism*, violent *cerebro-spinal headaches* caused by night-watching, mental anxiety, and fatigue, and *hysteria*.

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ON THE CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY.*

(The Presidential Address delivered at the British Homœopathic Congress, held at
Liverpool, September 13th, 1877.)

BY ALFRED C. POPE, M.D.

GENTLEMEN: The circumstances under which we meet together to-day are both unusually interesting and unusually important. This year, 1877, is the jubilee year of homœopathy in England. Fifty years have elapsed since the first notice of homœopathy appeared in a British medical periodical. Fifty years have passed away since the first physician who practiced homœopathically in this country settled in the metropolis. And now after fifty years of bitter hostility on the part of the majority of the medical profession towards the therapeutic doctrine, upon the truth of which we have insisted, and towards those who have adopted it as the chief basis of their drug-prescription, we have, during this year, heard, for the first time, the public expression of a desire that our exclusion from consultation and discussion with a majority should no longer be demanded. A fitting utterance this for a year of jubilee!

While heartily sympathizing with the desire that the obstructions which have been presented to the scientific culture and professional advancement of those physicians who have investigated and adopted the doctrine of homœopathy should be removed, that every encouragement should be given to *all* members of our profession to engage in scientific research,

* From advanced sheets of the *Monthly Homœopathic Review*.

while admitting that what has been termed the "reunion" of the profession is a matter of deep importance to every member of it, I nevertheless feel that if this so-called "reunion" is attempted to be purchased by attenuating or obscuring any of those principles for which we have contended, principles of the truth of which we have daily experience, or if the language in which our overtures are couched is susceptible of justifying the insinuation that we are ready to acknowledge that we have overrated their importance, the effort will and ought to prove abortive; while if, in order to conciliate opponents, we cast ungenerous reflections upon those who, during these fifty years have devoted their time and energy to develop and promulgate homœopathy, we shall be exposed, and rightfully exposed, to the contempt, the well-earned contempt, both of the profession and the public. Tactics such as these will never lead to "an honorable peace founded on mutual respect."

The feeling that the breach should be closed which for half a century has existed between physicians who practice homœopathically and those who do not admit that they do so, has been growing, and that somewhat rapidly, of late years. It is a feeling that all well-wishers of medicine, all who desire that our profession should be worthy of the honor it expects to receive, will anxiously encourage. Most sincerely do we all desire the "reunion" which has been suggested, most gladly shall we welcome the "peace" which has been asked for. But just in proportion as this reunion is desirable, and this peace is something to be welcomed, do I esteem it as of the highest importance that no misunderstanding should anywhere exist either as to the therapeutic views we entertain or as to what we regard as the cause of the estrangement we have always deplored.

This question of reunion is one which, in my opinion, ought to be, and if it is to result in any good, must be treated as one independent of any opinions we or others may hold upon scientific subjects. Professor Gairdner, of Glasgow, never uttered a greater truth in medical ethics than he did when he said, "No one has a title to say to any one else, I insist that you believe so and so, or I will disown you as a professional brother." The British Medical Association has said to the members of the profession, We insist that you do not believe in homœopathy or consort with those who do; if you do, we shall disown you as professional brethren; and this threat has been carried out.

As in therapeutics the removal of the cause of a disease is the first step to its cure, and as for the removal of the cause its recognition is necessarily preliminary, so here in dealing with the *homœophobia*, as it has been termed, which characterizes so large a portion of our medical brethren, I shall avail myself of the opportunity I have of addressing you to-day in an endeavor to point out what I conceive to be its *cause*.

First of all, I will ask your attention to the conclusions others have arrived at on the same point.

Dr. Wyld has told us that "the adverse and intolerant treatment we had hitherto met with from the profession arose in a great measure from the bad example shown by Hahnemann and his early disciples of an extreme and intolerant sectarianism on their part towards that medicine which, however powerless for good it might have become, was yet the result of 4000 years' experience and thought." Again, he says that Hahnemann was "the first to give offence." "That the views of Hahnemann were extreme and intolerant." That for the measures of injustice which have been meted out to us by our non-homœopathic brethren, we "have, to no inconsiderable extent, had" ourselves to blame. That it was the conduct of homœopathically practicing physicians that "naturally led to those reprisals on the part of orthodox medicine which culminated in the resolutions of the British Medical Association in 1851." Pretty broadly has Dr. Wyld intimated that in openly acknowledging that we believe in homœopathy we had "traded on a name;" that by the use of the word homœopathic in our literature, our societies and our dispensaries, we had in an *ad captandum* manner, repulsive to all right thinking members of our profession, succeeded in drawing to our "consulting-rooms the patients of other men." By others we have, in various terms, been told that we have wilfully separated ourselves from the profession.

Now, gentlemen, I maintain, and I hope to be able to prove to you to-day, that the opposition which has been persistently launched against homœopathy in this country during the last fifty years has had nothing whatever to do with the alleged intolerance either of Hahnemann or his early disciples; that in the professional conduct of those medical men who have been the means of making homœopathy known throughout the length and breadth of the land, and its influence felt throughout the entire practice of medicine, there has been nothing to justify the ostracism which has existed; that in admitting our faith in homœopathy, in taking the only means at our disposal

to make its advantages known, we have not been justly chargeable with personal advertising; and that, until a few years ago, it never occurred to any one so to regard the designation of our journals, societies and dispensaries; neither has the separation which has occurred been wilful on our part.

On the contrary, the exceptional position we have been placed in has been due wholly and solely to the ignorance of the profession regarding well-nigh all concerning homœopathy, to the persistency with which, by the publication of palpable caricatures of it, as though they were genuine representations, the medical press has sustained, and indeed almost compelled, this ignorance. The history of homœopathy in this country from 1827 to 1877 is full of evidence that an almost entire absence of knowledge respecting homœopathy, combined with many utterly erroneous and not a few equally absurd notions concerning it, lies at the bottom of all opposition it has met with. Hence, gentlemen, it is to the removal of this ignorance, to the substitution of facts regarding homœopathy for the assumptions which have been entertained respecting it, that we must look for the reunion which has been sought, for the peace which is to bear fruit in mutual respect, in a mutual anxiety to discover and follow truth. Therefore it is that I look upon the excellent lecture* recently delivered at Birmingham, at a meeting of the medical profession in that town, by our secretary, Dr. Gibbs Blake, as being far more conducive to the restoration of good feeling, to the renewal of professional intercourse, to the establishment of professional association in scientific research between homœopath and anti-homœopath, than I can the letter of Dr. Wyld to Dr. Richardson, offering "terms of peace."

In 1827, in the *Edinburgh Medical and Surgical Journal*, appears the earliest reference made to homœopathy in this country. In the July number of that journal, Mr. John Edward Spry published a paper entitled, *An Outline of the Homœopathic Doctrine, or the Medical Theory of Hahnemann*. It presents a brief but tolerably accurate definition of homœopathy. It is a simple statement. No evidence is brought forward in favor of it, no argument is offered against it. Mr. Spry contents himself with declaring the doctrine to be visionary, and consoles his readers with the assurance, that "how-

* A lecture addressed to the medical profession on *The Place of the Law of Similars in the Practice of Medicine*. By J. Gibbs Blake, M.D., etc. Birmingham: Cornish Brothers, New Street. London: H. Turner & Co., 77 Fleet Street. 1877.

ever ingenious the theory may sound, it appears too ridiculous in its application ever to obtain supporters on this side of the Channel."

In the October following, the *Medico-Chirurgical Review*, edited at that time by Dr. James Johnson, in noticing Mr. Spry's essay, expressed a very decided opinion respecting homœopathy. It is denounced, *in limine*, as the "GERMAN FARCE," this definition being emphasized by being printed in capital letters. "The gist of the homœopathic system," says the writer, "may be easily and briefly stated. Hippocrates broached the fanciful doctrine that a disease should be cured by things that induce a state opposite to that of the disease, *contraria contrariis curantur*. The German professor strikes out on a path diametrically opposite, and maintains that disordered actions in the human body are to be cured by inducing action of the *same kind*, but only slighter in degree, *similia similibus curantur*. The doctrine of antipathy had much foundation, both in reason and fact. Thus the burning heat of fever naturally suggests cooling drinks and cool air; constipation calling for purgatives; diarrhœa for astringents; soporose diseases demand irritation; irritation calls for sedatives, etc. But what shall we say to homœopathy? Do venesection and purgatives induce diseases resembling pneumonia, ophthalmia, hepatitis and other inflammations, when these are cured by the above means? The idea is preposterous."

In connection with this extract from Dr. Johnson's *Review*, it is interesting to know, what I have reason to believe is perfectly true, that Dr. Quin, who in 1827 commenced the practice of his profession in London, had, three years previously, mentioned the subject of homœopathy to Dr. Johnson, and by him had been urged to continue his inquiries into its merits, and, having completed them, to write an article for the *Review* upon it. Dr. Quin, as we all know, did pursue the investigations he had commenced; and on his return in 1827 he informed Dr. Johnson of the conclusions at which he had arrived. The request for an article was not renewed; but on the contrary the brief, hasty and ignorant denunciation of homœopathy, from which I have quoted, formed the only reference to it that Dr. Johnson allowed to appear in his *Review*.

I cannot but regret that Dr. Quin made no attempt to correct the erroneous impression Dr. Johnson's article was calculated to produce. Had he succeeded in doing so an *impetus*

to the spread of homœopathy among members of the profession could not fail to have resulted; while, had he been refused a hearing, the determination to keep the profession in the dark upon all concerning this important therapeutic doctrine, which has ever marked the periodical literature of our profession, would have been even more conspicuous than it is now.

During the next few years, homœopathy appears to have attracted but little attention from the medical profession. Dr. Quin was frequently absent from England, and, when at home, was actively engaged with the duties of a large, fashionable and successful practice, while little or nothing was done to introduce the subject to the notice of the profession. During 1833, or somewhat later, Dr. Uwins, a physician in good repute at that time, was induced by his brother, the well-known artist, to make the acquaintance of Dr. Quin, and from him to learn something of the new therapeutic method. About the same time Mr. Kingdon, a surgeon in extensive consulting practice, had his attention drawn to homœopathy by gentlemen engaged in business in the city, who had heard that they could be cured more rapidly, and certainly more pleasantly, by homœopathy than by the measures ordinarily employed. An introduction to Dr. Quin was followed by inquiry, and inquiry by clinical experiment. Dr. Uwins and Mr. Kingdon, being convinced of the value of homœopathy, desired to make it known to their professional brethren. They endeavored to do so, the latter in a paper read by him at the London Medical Society in November, 1836, and the former, in one he presented a few days later to the Westminster Medical Society. The discussions reported in the *Lancet* of that date are extremely interesting. Mr. Kingdon's paper, while showing some knowledge of homœopathy, evinced a serious desire to understand it more thoroughly. In concluding, Mr. Kingdon said, "after what I have seen, or, if you please, what I fancied I have seen, I feel that it is the duty of every medical man to look into it (*i. e.*, into homœopathy), for it is certain either that a number of cases do better without medicine than with, or that these unimaginable doses of carefully prepared medicine do impress the nerves so as to influence the action of life." In the discussion which followed its reading, Mr. Dendy, Mr. Headland and Dr. Leonard Stewart said that they thought the subject to be one which it was the duty of the society to investigate carefully. Dr. Uwins, with his larger experience, was more pronounced,

and expressed his belief that one day homœopathy would be a universal creed. On the other hand, Dr. James Johnson ridiculed the whole subject; and Dr. Whiting, the President, following in the same strain, asked if any member had ever seen a case of peritonitis, pleuritis or pneumonia treated with infinitesimal doses of *Aconite*—a query to which there was no response. Dr. Uwins, in the course of his remarks, had stated that he felt sure the day would come when lancets would be superseded by *Aconite*, and when they would consequently “rust in their cases.” A prophecy—in twenty years later literally fulfilled—which drew from Dr. Clutterbuck, the eminent physician of the London Fever Hospital, the observation that “there was something shocking in an old and respected member of their society anticipating a time when lancets would rust in their cases!” At the conclusion of the discussion, a resolution was proposed by Dr. Clutterbuck, and seconded by Dr. Johnson, to the effect that homœopathy was unworthy of consideration. It was, however, withdrawn on the understanding that the subject should never again be mooted in the society.

During the same month a Dr. Bureau Rioffrey read a paper on Hahnemannism at the Westminster Medical Society. He entered into no examination of Hahnemann’s views, but occupied his time in denouncing them as a tissue of absurdities, offensive to common sense and contrary to observation. Dr. Anthony Todd Thompson, when speaking on this occasion, regarded the whole subject as so visionary that it could only be treated with ridicule. Mr. Costello said that in his opinion all practitioners who adopted homœopathy were actuated in so doing by sordid motives, and sordid motives only. A fortnight later and Dr. Uwins read, at the same society, a paper on the *Modus Agendi* of Medicine. In it he supported the homœopathic principle, within certain limits, and in a tentative manner. He referred to “a thing called an editorial article, in a bungling medical journal, written by some one who considered homœopathy and small doses to be one and the same thing. Small doses,” Dr. Uwins argued, “were important, nay glorious incidents, arising out of homœopathic research, but they were no more homœopathy itself than might was always right.” Dr. Addison was the chief speaker at the close of Dr. Uwins’s paper, and he asserted that the followers of Hahnemann were either persons only fit for lunatic asylums or such as were influenced merely by sordid motives.

The next incident which points to the mode in which homœopathy was received by the profession, occurred two or three years later, when the late Dr. Epps sent to the *Lancet* reports of a few cases in which he had used *Arnica* with advantage. These were inserted; but on Dr. Epps, who was a personal friend and political partisan of Mr. Wakely's, sending other illustrations of disease cured by homœopathically selected medicines, they were returned with a note from the sub-editor, stating that the publication of such cases was, owing to the avalanche of letters they had received protesting against those that had already appeared, impossible.

In 1846, the late Sir John, then Dr., Forbes published in the *British and Foreign Medical Review* that well-known article, "Homœopathy, Allopathy and Young Physic." This was the first, and even now it is, with, I believe, but two exceptions, the last occasion on which homœopathy was adversely reviewed by one possessing some degree of theoretical and literary acquaintance with it.

With the tone of this article, with the manner in which the character and labors of Hahnemann were reviewed, no homœopathist could do otherwise than feel satisfied. Nay more, the appearance of a critique, evidently written in a spirit of fairness, gave us hope that at last we were likely to be met in a manner which would compel honest inquiry, an inquiry which would insure the triumph of truth over error. But what was the result? Sir John Forbes was driven from his editorial chair; he had ventured to criticize homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure.

Finally we arrive at 1851, when the British Medical Association, in a series of resolutions, denounced homœopathy, all who practiced homœopathically and all who coöperated professionally with those who did so.

Such, gentlemen, has been the manner in which the medical profession has received the doctrine of homœopathy. The discussion of the subject was burked from the outset; all inquiry into it was not only discouraged, but an inquirer rendered himself liable to be represented by his medical neighbors as a person who was either partially demented, or a mere seeker after filthy lucre, as one regardless of the lives and interests of those who confided in him. It was impossible to bring the *rationale* of homœopathy before any medical society; any public examination of the results accruing from the practice of homœopathy on a large scale was out of the question;

the medical journals were closed to any mention of it, save in terms of ridicule or of misrepresentation.

Every professional avenue through which inquiry might have been instituted, and some definite conclusion have been arrived at, was barred. To impress a knowledge of homœopathy upon the profession through the profession, had been, by the profession, rendered impossible.

Had all this arisen through any unprofessional conduct on the part of the representatives of homœopathy in this country? For several years Dr. Quin was the only physician practicing homœopathically in England. No physician was ever more scrupulous in deferring to the susceptibilities of his medical brethren than was Dr. Quin. So much so was he, that he has incurred the charge of not having been sufficiently active in making known the important truths of which he had the honor and the responsibility of being the British pioneer. Dr. Uwins and Mr. Kingdon both resorted to medical societies to expound homœopathy; Dr. Epps sent the reports of his cases to the leading medical journal of the day; a wealthy banker offered, through Dr. Wilson, to bear the expense of filling a number of empty beds, beds empty for want of funds, in St. George's Hospital, that homœopathy might be publicly tested; but all was to no purpose.

Gentlemen, there was no intolerance among the representatives of homœopathy. None was charged against them; they took no unprofessional methods for making known those therapeutic principles of which they were, in proportion as they felt their value, bound to disseminate the knowledge. They had no secrets; they professed no mystery; they desired above all things to communicate every information regarding the mode of practice they had learned the value of. The great body of the profession refused to afford them any opportunity for doing so. Was then homœopathy to be excluded from all discussion because the profession would not listen? Was Dr. Epps to be silenced because the *Lancet* would not permit him, through its pages, to communicate to his professional brethren the results of his clinical observations? Were the sick poor to be denied the advantages of homœopathy, because a physician who practiced homœopathically was prevented from holding office in a hospital? I trow not! If homœopathy could not be examined before the usual tribunals in matters medical; if it could not be made known through the ordinary professional channels; if it could not be illustrated in established charities, other *media* must be

found. Hence arose the pamphlet setting forth what homœopathy was; hence came the handbook of domestic medicine; hence came the homœopathic periodicals; hence came the homœopathic dispensary; hence came the homœopathic society; and hence has come, and that none too soon, the London School of Homœopathy. Had homœopathy been inquired into in the same way as other topics of professional interest were examined, no institutions of this kind would have arisen. It is, indeed, very doubtful whether the word "homœopathist," from the continued use of which some, who owe a large proportion of their power to do good to homœopathy, would seem now to shrink, would ever have come into general use. Assuredly it would not have done so to anything like the extent it has done.

When in 1851 the British Medical Association prohibited its members from practicing homœopathy, and from associating with those who did so, we were in possession of what study and experience had convinced us was a therapeutic truth of the highest importance; a truth, the importance of which was rendered all the more conspicuous by the skepticism which prevailed among nearly all the more experienced physicians of the day respecting the value of drugs in the treatment of disease; a truth, the importance of which was rendered yet greater still by the fact that it provided a means for the discovery of specifics, the very kind of discovery in which Professor Alison and others had declared the hope of therapeutics to lie.

By acting upon this great therapeutic truth, the practice of medicine, from being exclusively traditional and empirical, became one based upon a strictly scientific foundation. Our drug remedies were chosen upon a principle the validity of which the records of the past and the experiments of recent times had proved to have so wide a range as to have been, not without reason, regarded as universal. The mode of studying the properties of drugs was one that was independent of tradition, was exact in its method, and fruitful of information to an extent no plan previously proposed could boast of. We were also convinced that, in order to cure, the necessity for disturbing the organism by inducing the physiological action of drugs, injurious in proportion as they were powerful, did not exist. That, when prescribed homœopathically, medicines were best exhibited in a form, and in a quantity, which precluded the possibility of any injury being done to the patient.

These, gentlemen, are the principles, of the truth of which

we were convinced, of the immense importance of which we were well assured. These were the principles that the *British Medical Association* ordered us to abandon; for entertaining which the Association threatened us with every species of annoyance. We were not, indeed, excommunicated from the profession, though efforts were made to bring influence to bear upon the College of Surgeons in London, and the College of Physicians in Edinburgh, to remove the names of such of their members as were known to practice homœopathy. Thus to separate us from the profession to which we had been admitted, thus to cut us off from it was found, however, not to be within the power of any man or any body of men.

In the presence of these facts, what was the duty of those who had seen reason to believe that homœopathy was true? Were they, in meek submission to an intolerant majority (a majority utterly uninformed on the doctrines they denounced)—were they, haunted by the fear of being regarded as quacks and represented as impostors, to abandon principles they knew to be scientifically sound, principles they had found to enable them to control disease so much more completely than any they had been wont to rely upon, principles that were known and felt by all who trusted them, in their professional capacity, to be of the highest advantage to them? NO!—a thousand times, NO! The duty of all who believed in homœopathy then was perfectly clear. In proportion as they believed in these principles; in proportion as they valued them; in proportion as efforts were made to prevent their being testified to; in proportion as obstacles were placed in the way of their development and elaboration, was it their duty to extend the knowledge of them; to cultivate them; to place their advantages within the reach of the sick among the poor. Prevented, as I have shown we were, from performing these obligations through the ordinary channels of professional literature, professional societies and established hospitals, we were compelled to issue periodicals which should direct special attention to the great therapeutic question, for the due setting forth of which we had, by virtue of our knowledge of its importance, become responsible; to institute societies in which these principles might be discussed, their range of operation gauged, the best method of putting them in practice ascertained; and to open hospitals and dispensaries in which their application might be illustrated. And I thank God, gentlemen, that those upon whom lay the responsibility of doing all that could be done to advance the interests of therapeutics in

the direction of homœopathy were equal to this their responsibility, that they did not allow the fear of the taunt, the unjust taunt, of proceeding in an unprofessional manner to prevent them from substantiating the accuracy and worth of these principles. They did make known, by book and pamphlet, what homœopathy was, and how homœopathy might be practiced; they did meet together, and,* by discussing questions of pathological, therapeutical and clinical interest, endeavor to add to the knowledge already acquired, and correct the observations they had made; they did establish hospitals and dispensaries where homœopathy might be studied, and the poor might receive the advantages to be derived from this therapeutic method.

In so working, in thus developing homœopathy, no intolerance was shown, no unprofessional conduct exhibited. Nothing was done which a true sense of duty did not compel to be done—nothing that the obligations we undertook on admission to the profession did not render it incumbent upon us to do. To have done less would have been to hide our talent in the earth at the bidding of an intolerant, and, so far as homœopathy is concerned, an ignorant majority. Had we done less, we should have been unworthy of the profession to which we belonged, should richly have deserved all the hard things that were said of us, all the ignominious epithets which were so unceasingly hurled at us.

Further, the propriety of the course taken has been abundantly justified by its fruits. The practice of homœopathy, though in a scientific manner limited to a comparatively small body of medical men, empirically pervades the whole practice of medicine. Compare the treatment of disease to-day with that which prevailed five-and-twenty years ago; compare the text-book of *Materia Medica* of 1877 with that in use in 1850; compare the method of studying the action of drugs pursued a quarter of a century since with that which is taught to-day; compare the amount of medicine prescribed a few years back with that which is ordered now! In each direction the principles we have contended for, which we have taught and exemplified in practice, are seen to be operating. And recollect, gentlemen, all this has been accomplished by those very means which are now represented as “trading on a name,” as accounting more or less for the antagonism we have met with, as having “naturally led” to the “reprisals” to which we have been exposed.

I have said enough, and more than enough, to prove that

those members of our profession who have investigated and adopted the homœopathic method of drug selection are not in any way responsible for the exclusion from professional privileges with which we have been visited. That here and there individuals practicing homœopathy may have offended against the *lex non scripta* of professional ethics I do not doubt, but that as a body we have done so I utterly deny. To use the words of the late Sir John Forbes—"that there are charlatans and impostors among the practitioners of homœopathy cannot be doubted, but, alas! can it be doubted any more that there are such, and many such, among the professors of orthodox physic?" I assert, without fear of contradiction, that medical men practicing homœopathy have conducted themselves with the fullest regard to professional decorum, and they have done so in spite of much provocation and many temptations to the contrary.

From the sketch I have now given of the manner in which homœopathy was received by the profession, from the determination which has been evinced to admit of no inquiry into the doctrines expressed by that word, we must conclude that the efforts which were made to stamp it out were made, not on account of any intolerance, any sectarianism on the part of those who expressed their belief in it, but solely because the profession were unaware of what was understood by homœopathy, because of the misrepresentations—misrepresentations never allowed to be corrected—which the medical press has never wearied of circulating regarding it and all who practiced it.

And thus, notwithstanding that the principles regulating drug selection, the study of drug action and of dosage, upon which we have so strongly insisted as true, are daily observable in the general practice of medicine, the same impediments to professional association as those in force five-and-twenty years ago are present to-day. Notwithstanding that the most popular works on therapeutics bear testimony—silent testimony—to the truth of homœopathy, this method of prescribing is still denounced in very much the same terms as those which have been employed since first it was introduced into this country. Why this is so, is an inquiry worthy of some consideration.

True it is, that those practitioners who have adopted the suggestions of Ringer and Phillips are, to all intents and purposes, daily practicing homœopathy in a large number of cases. But it is unfortunately also true that they are unaware of the

relation subsisting between the physiological action of the drug they use and the pathological condition they prescribe it to remedy. They know nothing of the source whence Dr. Ringer and Dr. Charles Phillips derived the therapeutic hints they have communicated to them. They know nothing of the principle which first pointed to them as remedies in the very conditions in which they use them. The statements communicated to them through these channels they accept without inquiry, just as they have ever been in the habit of accepting similar statements regarding the remedial properties of drugs, viz., on the *ipse dixit* of some favorably reviewed author.

Hence, I conclude that the continued opposition to those members of the profession who openly admit that they derive their drug-therapeutic knowledge from homœopathic research is due now, as it was fifty years ago, to ignorance of what homœopathy means.

Of late years we have been assured that the opposition we now encounter from our medical brethren is owing to the fact that we are known by a distinctive name. We are called "homœopathists," and we admit that we are "homœopathists." Yes, we admit that we are homœopathists. In so doing we acknowledge that we regard the law of *similars* as that therapeutic principle which is best adapted for the selection of drugs to cure disease. We do not, however, assert that it is the only principle on which it is necessary for the physician to act in the treatment of every case that comes before him, or in every part of every case; neither do we deny that disease is ever cured by remedies prescribed on other principles.

Within the last month the *Lancet* has told us that when we "give up a profession of the homœopathic system," that is, when we are prepared to allow that homœopathy is not true,—we shall no longer be homœopathists; and, *a fortiori*, so long as we do acknowledge the truth of homœopathy are we homœopathists—and that I admit is correct enough. We are also told that when we cease all connection with homœopathic societies, hospitals and journals, we shall cease to be homœopathists. That I deny. Whatever may be our connection with societies, hospitals and journals, if we select our drug remedies on the homœopathic principle we are homœopathists. But, did we discontinue our connection with such institutions, we should cease to have any opportunities of making homœopathy known. And that it is, and not professional reunion, which the *Lancet* so earnestly desires.

As I have already stated, the frequent and general use of the word "homœopathist" is traceable to the fact that homœopathy has never been allowed to be a fitting subject of inquiry through the ordinary channels for the investigation of professional questions. Had the practitioners of homœopathy not been excluded from medical societies, journals and hospitals, the principles they have striven to promulgate, and, as I have shown, have so considerably succeeded in forcing upon the practice of medicine generally, would never have come so prominently under the notice of the public as they have done. Doubtless some physicians would have rejected the homœopathic theory, while others would have adopted it; and probably enough the latter would have been known as homœopathists, just as the followers of Brown and Broussais were known as Brunonians and Broussaisists; but this distinction would have been restricted to professional circles; no ostracism would have ensued in the case of the homœopathist, any more than it did in that of the Brunonian or the Broussaisist of the past. Dr. Wyld, on a recent occasion, said, "It has been argued that the followers of Brown and Broussais were not ostracized because they enrolled themselves as Brunonians and Broussaisists. This reply," continued Dr. Wyld, "is ingenious, but not logical; because they never attempted to open Brunonian dispensaries and self-supporting Broussaisistic medical institutes. They never traded on their name, and never by their name drew to their consulting-rooms the patients of other men." The reply to this not very generous rejoinder is, that the followers of Brown and Broussais were never on account of their therapeutic views excluded from filling posts at hospitals and dispensaries. Had they been so, doubtless institutions where they could have put their views to the test of public practice, would have arisen, and having arisen, would have been known by some designation more or less indicative of their *raison d'être*.

It is, then, because of the opposition the profession has ever shown to the investigation of homœopathy, because of the hindrances to inquiry it has ever placed in the way of the inquirer, because of the determination with which all who practice homœopathically have been prevented from filling public appointments in existing medical charities, that such as are now known as homœopathic have been so called.

It is the professional opposition to homœopathy which is responsible for the word homœopathist, not the word homœop-

athist which is responsible for professional opposition to homœopathy.

Now, however, we are told that if we can get rid of the words homœopathist and homœopathic, the chief obstacle in the way of our being eligible for posts of professional honor as well as for admission to professional societies will be done away with.

So far as a certain number of medical men are concerned, I believe that this proposition is true. But, as regards the great majority, we have no evidence that our abandonment of these terms would in any way influence them in doing us justice. How, I would ask, are we to speak and write of the doctrine signified by the word homœopathy without using that word? The word homœotherapeutics has been proposed as a substitute; well, gentlemen, "a rose by any other name would smell as sweet," and possibly the word homœotherapeutics might come into general use in a few years. But it lacks the historical significance of that we now employ. And yet more, this discussion about a word, a name, this dispute as to whether we shall express our meaning in seventeen letters instead of in ten, strikes me as somewhat puerile, as worthy only of the schoolmen of four or five hundred years ago, and not of the medical profession of our time.

Then, again, with reference to the word homœopathist; we find that throughout all time the advocates of certain doctrines in science, certain principles in politics, have ever been known, and I expect ever will be known, by a name derived from the word used to define such doctrine or principles. Such a consequence seems to me both natural and inevitable. If, then, we are determined to maintain the thesis that homœopathy is true, we cannot avoid being regarded as homœopathists any more than the devotees of spiritualism can escape being termed spiritualists. Hence, gentlemen, I do not see how the disuse of the words homœopathy and its derivatives is to be accomplished, so long as the opposition to homœopathy continues in the shape it has assumed during the last half century.

As I said just now, it is the opposition to this method of drug selection which has led to the very general use of the word, and it can only be by the cessation of this form of opposition that the word can ever cease to be so generally employed as it has been.

Another excuse for the ostracism we have had to endure is found in the hypothesis that we are "sectarian," that homœopathy is "sectarianism." This word sectarian, what is it but

a term of reciprocal reproach bandied to and fro between opposing parties?

Originally the word "sect" signified a following, taking its derivation from the verb *sequor*. It is first met with among the Grecian schools of philosophy. Thales, for example, was the founder of the Ionic sect of philosophers; that is to say, the pupils he taught at Miletus in Ionia adopted his method of philosophizing in preference to that of Pythagoras, the founder of the Pythagorean school or sect. Again, among theologians the word sect is used to denote a "separation," a "cutting off," being derived in this instance from *seco*. Upon certain more or less understood principles, one body of Christians takes the title of "Church." Others, whose inquiries have led them to regard as erroneous some of the doctrines taught by the "Church," have united themselves together for the public worship of God. They have separated themselves from, have cut themselves off from, what is called the "Church," and formed themselves into what is regarded as a sect.

Is this word sectarian applicable to us as homœopaths?

1st. Are we followers of Hahnemann? In the sense in which Dr. Matthews Duncan is a follower of Hippocrates, or Dr. Wilks of Sydenham, so are we followers of Hahnemann. Hahnemann enlarged our knowledge of therapeutics, precisioned our method of drug selection, defined the best, the only really satisfactory plan of ascertaining the action of drugs. We have gladly availed ourselves of his researches; and, yet more, have warmly acknowledged our obligations to him. But, on the other hand, we have neither done, written nor said anything implying that blind faith in all that Hahnemann ever wrote or taught which the disciple of Thales or Pythagoras would have deemed it his duty to have exhibited as a member of his sect. By none have the doctrines Hahnemann taught been so rigidly scrutinized as by those who have most earnestly contended for the truth of homœopathy! While it is undeniable that some of his earliest followers, under the influence of that immense force of character which Hahnemann ever exhibited, did, in obedience to the stern demands he made upon them for unhesitating confidence in every theory he broached, accept as true much that investigation has since shown to be untenable hypothesis, it is equally true that it has been by other of his disciples that the fallacies into which he was betrayed were most completely exposed.

We accept so much of Hahnemann's teaching as experience

has proved to us to be sound, unhesitatingly rejecting whatever in it we have found to be erroneous.

In the sense, then, in which the word was anciently used, we cannot be said to be sectarian.

2d. Again, have we cut ourselves off from the profession, have we separated ourselves from it as the Church of England is said to have done from that of Rome, or the Baptist from the Church of England? Certainly not. A portion of the members of the profession, having formed themselves into societies, have resolved not to associate with us. It is not we who have refused to have any intercourse with them. We are ready and willing to coöperate with them in their efforts to promote the science and art of medicine, are anxious to learn from them, and discuss with them, the results of their observations; to communicate to them, and carefully examine the criticisms they have to offer upon such conclusions as our experience may lead us to form.

The sectarianism which prompted the exclamation, "Stand by, for I am holier than thou," is confined to that portion of the profession which rejects, without examination, all that Hahnemann ever taught, and rejects it mainly because he taught it. The sectarian position, I conclude, is therefore inappropriately assigned to homœopathists. We are not the blind, unreflecting followers of any man. We are within, not without, the pale of the profession of medicine.

Though the form which characterizes the opposition to homœopathy to-day varies little, if at all, from that which it has taken during the last fifty years, the tone in which homœopathists are spoken and written of is far less acrimonious and abusive than it was. Ere the influence of homœopathy had been felt in this country, those who had adopted it were described as "lunatics;" when it had grown to be a power, they were set down as "knaves or fools;" now that the teachings of Hahnemann have become more or less generally absorbed into the practice of medicine, we are pushed aside as "sectarians."

The causes of the opposition are the same now as they ever have been—an almost total absence of any information of what is meant by homœopathy; an absolute refusal to ascertain what is understood by it; an unrelenting determination to suppress, by every possible means, every opportunity presented of learning what it really is, and how it can be practically tested.

All the many and various means which have been used to

“stamp out” homœopathy have not prevented this great principle from gaining an ascendancy in practical medicine it will now be impossible to suppress. Silently, secretly and amid many apparent denials, homœopathy is, for all practical purposes, largely taught in the medical schools of this country. True, it is taught after an empirical manner only; this, however, is but the prelude to its being taught scientifically. Gentlemen, it is to the work we, and others who have preceded us during the last fifty years, have done, that it is owing that homœopathy is taught empirically—it depends upon those of us who are now actively engaged in making daily use of the truths that have been handed down to us, that homœopathy shall be taught scientifically. Having obtained so much, shall we now remove our hands from the plough? Shall we rest satisfied with the empiricism of Sidney Ringer, or shall we press onward until that empiricism receives thoroughly scientific interpretation, of which we know it to be susceptible? If we believe that in homœopathy are contained those advantages we in the past have asserted that it possesses; if we are mindful of the reputations of those who have preceded us in originating, sustaining and developing homœopathy; if we are conscious of the elevating and intellectually satisfying character of a scientific therapeutics, and of the uncertainty and disappointing features of a therapeutic method that is merely empirical; if, in a word, we feel that in promoting the progress of homœopathy we are performing one duty to science, to our profession and to the public—we shall never cease to maintain, to illustrate and to enforce by every means in our power those medical doctrines, of the truth of which the public avowal has brought upon us so much unmerited obloquy.

Gentlemen, there is no room for compromise; there is no cause for compromise; nay more, I feel perfectly assured that, were we ready to sacrifice, in however small a degree, any principles, of the verity of which we are assured, for the purpose of conciliating those who differ from us, with the view of acquiring certain professional advantages from which we are now excluded, to the end that we may pursue our several professional careers with greater ease and comfort to ourselves—we should in so doing draw down upon us the contempt of those who have arrayed themselves against us—and, what is worse, we should most thoroughly deserve to be despised by them.

If homœopathy is not true, if it can be shown that the doc-

trine of similars is a false doctrine, that the study of the physiological action of drugs on the healthy is not the best way of ascertaining the properties of such substances, if it can be proved that a small dose of a homœopathically selected medicine is not adequate to the end for which it is prescribed, let no one who has hitherto believed that these principles are true shrink from demonstrating and admitting what he now feels to be his error. But so long as we do believe that evidence in abundance has demonstrated the reality of these principles, so long as we have reason to believe that they are not only true in themselves, but collectively present us with a therapeutic method of far higher value to physicians than any that is taught at the present day, so long, I trust, shall we persevere in declaring their truth, persevere in teaching their practical application, persevere in pressing them upon the attention of the profession.

While earnestly, constantly and courteously contending for and propagating the doctrine we have professed to believe, we must also insist upon the restoration of those rights and privileges of which, by the arbitrary vote of a tumultuous meeting, we were six-and-twenty years ago unjustly deprived.

While I freely admit that there is no professional obligation imposed upon one physician to assist another in the way of consultation, I deny that any body of men has a right to say to its fellows, You shall not meet in consultation, on any plea whatever, those who believe in such or such a doctrine or theory of medicine; still less has such a body the right to enforce its mandates by threats of deprivation of professional status in the event of their not being complied with.

Again, I acknowledge that it is perfectly within the scope of any society to decline to receive any member of the profession it may regard as objectionable; but no society can justify the refusal of its membership to any one on the ground that his therapeutic views differ, however considerably, from those of the majority of its members.

Equally unjust, and still more detrimental to the interests of science is it, that the avowal of a belief in therapeutic doctrines, which have not been inquired into by the majority of the profession, should suffice to prevent a physician from holding a public medical appointment.

On the removal of the disabilities which exist in these directions we must continue to insist, until the good sense, right feeling and increased information of a majority are sufficiently in the ascendant to do us justice. From all that has recently

come to my knowledge, I am glad to be able to believe that this period is far less distant than the past history of homœopathy might lead us to suppose. We look for their removal on the ground that every member of the profession is bound to act according to *his* experience and knowledge, and not according to the experience and knowledge of his neighbor. Medicine is not a completed science—is not a perfected art; very far is it from being either. There is no finality in homœopathy. One of the most thorough-going homœopathists, and one of the best-instructed physicians who ever practiced homœopathically, has said: "The law itself may be but a stepping-stone to a wider generalization, which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly."—*Homœopathy the Science of Therapeutics*, p. 27. Much have we corrected in the teachings of Hahnemann, and doubtless, as observations multiply, as the various avenues by which research is made increase in number and become more thoroughly explored, will the doctrines we at present hold be more accurately formulated, what of error attaches to them be removed, and principles of a yet higher and more far-reaching character be discovered.

In accomplishing this great work, every member of the profession must take a part. Homœopathist and the opponent of homœopathy must work together, each animated with but one purpose, each rising superior to the views his previous investigations have led him to confide in, each prepared to regard impartially the new lights evolved by deeper and yet deeper research, both together striving with energy and zeal for the development of truth, for the fixing yet more securely still the foundations of that science on which is built the most beneficent of all arts,—the Art of Medicine.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY, PENNSYLVANIA.

REPORTED BY C. P. SEIP, M.D., SECRETARY.

THE Society met at the Homœopathic Hospital, Pittsburg, August 10th, 1877; Dr. Childs presiding, and the following members present, Drs. Buffum, Woods; Strong, Willard, Martin, Hofmann, Chapman, Rousseau, Caruthers, Binga-

man, Kennedy, Dinsmore, Burgher and Seip, and associate members Messrs. Cooper, Harris, Shannon, Hofmann and McClelland.

There being no committees ready to report, this order of business was deferred.

Dr. Martin then read the following interesting paper, which was accepted with thanks:

THE APPARENT DEATH OF NEWBORN CHILDREN.

BY WILLIAM J. MARTIN, PITTSBURG, SOUTH SIDE.

It is not the object of this paper to present anything new or original, but, if possible, to draw from the members their experiences and ideas of the best means and methods of procedure in cases of apparent death at birth or very soon thereafter.

Our obstetrical professors and our text-books recommend quite a number of ways of establishing or restoring respiration; and although it is often a great advantage to have more than one string for our bow, it is also important for the young physician to know what plan the older practitioners have found most useful or most easy of application, as it is a not unfrequent occurrence that the infant at the moment of its birth is in a state of great debility, or even apparent death, and this condition is soon followed by real death if adequate measures are not resorted to at once to prevent it.

This apparent death shows itself under two widely different aspects, which have been described by most authors as the *apoplexy* and the *asphyxia* of newborn children. Recently, however, many accoucheurs have rejected these demonstrations as characterizing but imperfectly the pathological conditions to which they are applied. The most constant anatomical character of apoplexy in the adult is wanting in what has been called the apoplexy of the child. And wide differences also exist between the symptoms of asphyxia in grown persons and those of the asphyxiated state of the newborn infant; therefore it is thought best to employ the term apparent death, let the state and appearance of the child be what they may.

In examining the symptoms of the child's apparent death, it is found that it is sometimes characterized by a vivid redness of the face and upper part of the body, prominence and injection of the eyeballs, and swelling of the face, the skin of which is dotted here and there with bluish spots, the head is swollen and very warm, the lips tumefied and of a deep blue

color, the tongue adheres to the roof of the mouth, the head often is elongated, the pulsations of the heart, though sometimes quite strong and distinct, are at others obscure and feeble.

At other times the child exhibits a mortal pallor, its limbs are pendent and flabby, the skin is discolored and often soiled by the meconium, the lips are pale, the lower jaw hangs down, and the umbilical cord either does not palpitate at all, or but very feebly. The infant in this condition often moves at the moment of its birth, and cries, but soon falls back again in a state of apparent death.

These diversities may doubtless be occasioned by various causes, though they are often due to a greater or less advanced condition of the same pathological state, and may furnish indications for very different kinds of treatment.

For the purpose of better understanding our subject, we will first briefly inquire into the mechanism by which respiration is established immediately after birth. Physiological experiments have demonstrated that the medulla oblongata is the centre and regulator of the respiratory movements of the adult. From it also is sent forth the motor impulse, which gives rise to the first act of inspiration.

Marshall Hall teaches, and has endeavored to prove experimentally, that the first inspiration is the result of a reflex action, produced by the excitement of the nerves of the surface of the body, especially the trifacial, by the contact of the external air, and that the respiration, when once established, is sustained through the influence of the reflex action due to irritation of the pneumogastric nerves by contact of the air introduced into the lungs.

He also holds that the respiratory movements may take place under the influence of other causes, such as the impression produced upon the medulla by a great loss of blood, and also the excitement which it undergoes from the contact of venous blood. In this last class may be entered all the respiratory movements of incomplete asphyxia.

In normal cases the fœtus, having in nowise suffered during labor, retains its cutaneous sensibility intact, and the irritation produced by the contact of the air with the cutaneous nerves is transmitted to the medulla oblongata, which acting in its turn upon the respiratory nerves produces the movements of respiration. If, however, the fœtus is threatened with asphyxia in the latter stages of pregnancy or during labor, in consequence of compression of the cord or separa-

tion of the placenta, its death is preceded by convulsive movements and efforts to breathe; the mothers say that the child after having moved actively suddenly became quiet. A fœtus inclosed in the unruptured membranes was seen to make inspiratory movements and breathe water instead of air; also in certain positions of the face, the child has been able to respire although still inclosed in its mother's womb. The *vagitus uterinus* can only be explained by supposing a previous inspiration. In all these cases the non-oxygenated blood acts as an irritant to the medulla, which transmits the irritation in its turn to the nerves of inspiration supplying the muscles of the face, breast and abdomen, thus producing the first inspiration.

The excitement of the nerves of the surface of the body is the natural excitement. The other is always pathological and only intended to replace the normal stimulus; and as every pathological act is but an effort to accomplish some physiological process which has become difficult or impossible, and though it may in some cases restore life to a child, it is likely, if unaided by art, to prove insufficient.

It happens sometimes that a child born in a semi-asphyxiated condition, in consequence of a difficult labor, makes a few sudden and violent inspiratory movements, but would nevertheless rapidly succumb were not the reflex action called into play, and did it not soon replace completely the pathological excitant.

As the skin in this state of diminished sensibility is no longer stimulated sufficiently by the external air, it would seem as though we should resort to special measures, whilst there is yet time, to arouse the excito-motor action of the cutaneous nerves, and provided the asphyxia has not gone too far, the efforts will generally be crowned with success. But if the child is small and feeble, or if the causes of the asphyxia have acted for too long a time, the contractions of the inspiratory muscles are feeble, and soon cease entirely; the heart too ceases to beat and the child dies.

Now if it be true that the impression produced by the external cold upon the skin of the body and face is the first and only cause of the reflex action of the medulla oblongata upon the nerves of inspiration, and thus produces the first inspiratory act, we can readily understand that everything calculated to diminish notably or destroy the cutaneous sensibility will retard or even render impossible the first inspiratory effort, and reduce the fœtus to a state of apparent

death. Therefore, anything which will have a tendency to paralyze to a greater or less extent the nervous centres, whose influence, though completely foreign to the maintenance of foetal life, becomes indispensable to the establishment and continuance of extrauterine existence, may be the cause of producing the apparent death.

These causes are quite numerous and generally exert their destructive influence during the latter periods of labor. They may be divided into lesions of respiration, lesions of circulation, and lesions of the nervous centres.

The lesions of respiration are capable of producing various degrees of asphyxia or apnœa. The lesions of circulation may give rise to fatal hæmorrhage as regards the child, and lesions of the nervous centres may render them incapable of performing the functions to which they are destined immediately after birth.

Lesions of respiration may occur during labor from the umbilical cord being compressed between the sides of the pelvis and the head or body of the child, or the winding of the cord so tightly around the neck or some other part as to obstruct the circulation in the brain or in the umbilical vessels, or from the premature separation of the placenta, which, producing the rupture of the utero-placental vessels, renders foetal hæmatosis as impossible as does the compression of the cord. In all these cases the asphyxia results from a suspension of the placental respiration, and the contact of non-oxygenated blood with the brain paralyzes its action in the fœtus as well as in the adult.

After the child is born, the accumulation of mucus in the nose, mouth and air-passages may also produce asphyxia by preventing the introduction of air into the pulmonary vesicles.

In consequence of the action of some of these causes, the fœtus may when born present a swollen appearance, a violet or rather blackish-blue color, the discoloration being most marked at the upper part of the trunk, and more particularly on the face than elsewhere. The muscles are motionless, the limbs preserve their flexibility, and the body its heat, the pulsations of the cord, the radial artery, and even those of the heart are obscure or insensible.

When a post-mortem examination is made, the vessels of the encephalon are found engorged with blood, with at times effusions on the surface of the membranes or into the sub-

stance of the brain itself. The lungs are also found gorged with blood, and the liver is very apt to be congested.

The external condition of the asphyxiated fœtus is not always as has been described. It is often born without any anomalous coloration of the skin, and even with a remarkable degree of pallor and flaccidity of the limbs, and this notwithstanding the apparent death has been produced by compression of the cord. It is supposed that in the latter case the suspension of the placental respiration was sudden, whilst in the former the cessation was slow and gradual.

An external pallor is also the consequence of a slow but prolonged asphyxia, and often succeeds to a violet hue of the tissues. It is often noticed that a child born with a very deep color becomes rapidly pale and flaccid if the means employed fail to excite respiration.

When at the moment of birth the asphyxia has lasted but a short time, the child will exhibit turgescence of the face, violet hue of the skin, firmness of flesh and frequent and regular pulsations of the heart. If a longer period has elapsed since the interruption of the fœto-maternal circulation the child will be pale, and the pulsations of the heart and cord feeble and intermitting. And if the asphyxia has lasted longer than is compatible with the life of the heart, the child will be dead at the time of its expulsion.

These two conditions, which are apparently so different, are due to the same cause, and are but two degrees of asphyxia. Though in an etiological sense no distinction can be made between them, they are important as regards the prognosis, for one is much more serious than the other, and the same mode of treatment is not applicable to both.

Under the second class of causes (lesions of the fœtal circulation) we find rupture of the cord or of the placenta, which may give rise to such a degree of hæmorrhage as to endanger the life of the fœtus, but these are rare. When the hæmorrhage is profuse the child dies before the labor is over, but should the discharge of blood be arrested the child may be born alive, but in a state of apparent death resembling syncope.

The deficiency of nervous influence is here due to the fact that the medulla oblongata and the brain no longer receive a sufficient amount of blood to enable them to react upon the nerves of inspiration. The condition is a very dangerous one; the child is pallid and its muscles are completely relaxed; sometimes it makes a few short inspirations and utters some

very feeble cries, but if the hæmorrhage has been at all profuse it succumbs in a very short time.

Under this head of lesions of circulation I think we should class certain rare cases of death occurring at or very soon after birth, from what seems to be an imperfect or insufficient closure of the foramen ovale, though none of the authorities which I have consulted mention it. I think such a case has come under my own observation, and my esteemed and venerable colleague, Dr. Taudte, in a very large obstetrical practice, has had three cases where the child died shortly after birth, in spite of everything that could be done for it; all the symptoms leading the doctor to conclude, without a doubt, that an insufficient closure of the foramen ovale was the cause producing the death.

In the case which I attended, there was nothing unusual about the labor, the child being born at full term, and of average size, well formed and active, though it did not present the ruddy appearance usual. About twenty-four hours after its birth I was summoned in haste to see the child, and found it breathing with great difficulty as if the air could not get into the air-vesicles, the hands and arms pale and cool, fingers blue, face, head and neck bluish, the tip of the nose and the lips being pale and cold. The child was immediately bathed all over with vinegar, then wrapped up and placed upon its right side, and a dose of Opium³⁰ put on its tongue. Soon the breathing became regular, and the congestion disappeared, gradually leaving the child to all appearances as well as ever. I instructed them to keep the child upon its right side, and returned home, only to be called again during the night to find the child in the same condition, with the venous congestion more extensive. It had several attacks before they called me the second time, but not so severe as this one. The means which we had employed before failed. I substituted Tart. em. for the Opium, then tried Lach., but all without effect; the child died, apparently, to me, from disturbances in the circulation consequent upon the foramen ovale not being closed sufficiently. I was not allowed to hold a post-mortem examination.

Lesions of the Nervous Centres.—The brain and spinal cord have nothing to do with the performance of the fœtal functions. Although the fœtus possesses organs of animal life, its vitality is purely vegetative or organic. Thus is explained the life and development of acephalæ, for where the organs are absent the functions are also wanting. Yet these mon-

strosities are endowed with irritability, are capable of motion, and their life is preserved intact until the termination of pregnancy.

Thus any lesion which may affect the cerebro-spinal system during pregnancy will not disturb the harmony of the foetal functions or have any influence upon the intrauterine vitality. It is after birth that the cerebro-spinal alteration or paralysis prevents the establishment of animal life.

As has been said before, the first inspiratory act is due to an excitement of the medulla oblongata produced by the impression of the temperature of the surrounding air upon the skin of the newborn babe. For this impression to be effectual, however, it is necessary that the sensation should be perceived by the central organ, which is rendered incapable of perceiving it by serious lesions of the cerebro-spinal axis. In this way is interpreted the effect which may be produced by the violent compression which the brain undergoes in certain cases of contracted pelvis, or that which may result from the application of the forceps or lever under circumstances of great difficulty, and to compressions sometimes produced by effusions of blood, either upon the surface or into the substance of the brain. In a similar way is explained the mode of action of lesions of the medulla oblongata; such lesions as are produced by extreme rotation of the head, by traction upon the head or upon the pelvis when the head is arrested in its passage through the strait, and by effusions at the base of the brain and upper part of the vertebral column. As lesions of the brain are not absolutely incompatible with the establishment of respiration, they are not so dangerous as those of the medulla. The destruction of a large portion of the encephalon has not always prevented the child from breathing and crying after birth, and even from living several days. Some of us saw, last winter, an acephalous foetus, delivered by Dr. Eastman, of Nashville, which cried and continued to live for some time after its birth.

In difficult labors the temporary compression of the head may also suspend, momentarily, the action of the brain, but this suspension does not absolutely preclude respiration; the species of shock or concussion which the brain experiences may pass away so soon as not to interfere with the continuance of life. It is different, however, with lesions of the medulla oblongata, which is the only motor of the respiratory movements; it cannot be seriously affected without rendering extrauterine life impossible. Hence the frequent death of

children in pelvic presentations when tractions have been made upon the trunk with the object of disengaging the head.

Treatment.—Since the very different symptoms mentioned may be presented, mere inspection of the child will afford no information as to the cause of its condition; and as discoloration of the skin and relaxation of the extremities are to be regarded as signs of very grave import, it is impossible to determine the extent of the cerebral disorders, and consequently to foresee the result of measures calculated to restore the child. In this state of uncertainty all cases should be treated as though they afforded a chance of success. The lapse of half an hour, or even of an hour or more, is not sufficient cause for despair, as there are cases reported showing that children have been in an asphyxiated condition for an hour and were afterwards restored to life. Long-continued silence of the heart is the only sign which can be regarded as destructive of all hope, as the heart is the *ultimum moriens*, and no efforts to restore its pulsations, when once completely extinguished, have ever, I believe, been successful. But the softness and flaccidity of the tissues and coldness of the body and face are no reasons for abandoning the child, provided the heart still beats, however feebly, slowly or irregularly.

Whenever a child is born presenting the characteristics of the state formerly termed apoplexy, the first indication is to relieve the engorgement of the head and lungs. This may be done by promptly cutting the umbilical cord and allowing a small quantity of blood to escape, when the respiration will usually soon be established, if there are no mechanical obstacles to the introduction of air into the lungs—such as mucus in the fauces—and where these exist they may be removed by the extremity of the little finger or with the feathered end of a quill; the blue color of the surface will then gradually disappear and give place to a rosy hue, first on the lips, then on the cheeks, and afterwards on the rest of the body.

Sometimes the circulation is so enfeebled that the blood will not run from the umbilical arteries. In these cases, if the child is plunged into a warm bath and the cord squeezed several times from its insertion to its cut extremity, the desired result may be obtained.

But whether the bleeding operation be practiced or not, every effort should be made by the use of various stimulants to excite the sensibility of the skin and the reflex action of the cutaneous nerves.

According to Marshall Hall, the best plan is to sprinkle the face and body of the child vigorously with cold water, after which immediately immerse it in a warm bath, and then wrap it up in warm flannels. This plan of treatment may be repeated several times, its efficacy depending much upon the rapidity with which it is executed. The impressions of both heat and cold should be sudden. Afterwards the skin may be stimulated by frictions with the hand or a brush, by dry flannel, or with any irritating liquors, such as brandy or vinegar, slight blows made with the palmar surface of the fingers upon the shoulders or thighs, or flagellating the thorax and loins vigorously with a piece of wet linen is also strongly recommended. It is often useful to irritate the mucous surfaces. A little brandy or vinegar may be placed in the mouth, or the fumes of burnt paper blown into the anus. A feather dipped in vinegar may be introduced into the nose or fauces; this may at the same time be used to clear away the mucous secretions which prevent the inhalation of air. Where there is reason to suppose that such secretions have accumulated to a considerable extent in the air-passages, Dewees advises the placing of the child on its belly, having the feet higher than the head, and gently shaking it, so as to clear out the trachea and facilitate the introduction of air. He says he has thus preserved the lives of many children.

Another plan is to expose the child's body to a current of cold air, at the same time giving it a swinging motion. And even after it has been restored and dressed, its face is to be exposed to the fresh air, or, what is better, fanned for a short time.

After the failure of all other means, insufflation has been resorted to, and in many cases with success. A canula with a terminal opening is used. The temperature of the child being maintained by warm covering, it should be placed with the breast higher than the pelvis, and the head thrown a little back so as to render the front of the neck more projecting. Having cleansed the tongue and pharynx from mucus, the forefinger of the left hand is passed along the median line of the tongue to the epiglottis. The right hand, holding the tube like a pen, directs its small extremity along the finger to the opening of the larynx, by gentle movements the epiglottis is raised, the instrument elevated, and its extremity passed through the glottis. This is the only part of the operation which presents any difficulty, as the tube may enter the oesophagus; but by passing the finger along the larynx

and trachea, and by observing whether the larynx follows the instrument when it is moved from side to side, we may make sure of its situation. However, the first insufflation will reveal the error, if it exists, immediately; for when the instrument has passed into the œsophagus, a considerable elevation of the epigastrium precedes that of the chest, but if it is in the larynx, the chest is dilated uniformly, and the projection of the epigastrium is produced exclusively by the depression of the diaphragm. To prevent the reflux of air and oblige it to enter the air-passages, the anterior wall of the œsophagus is applied to the posterior by a moderate pressure with the instrument, the lips are pressed closely to the sides of the canula by means of the thumb and forefinger, whilst the nostrils are stopped by pinching the nose between the two middle fingers. From ten to twelve insufflations should be made per minute. The greater part of the air is expelled after each by the elasticity of the air-vesicles, but it may be useful, especially at the commencement, to render the expiration more complete by pressure applied with the whole hand on the front of the chest.

The length of time for which it is necessary to continue the insufflations varies; sometimes a quarter of an hour has been sufficient, whilst at others it was necessary to continue them an hour or more. When the action of the heart has been so far restored as to be 100 or 130 beats per minute, the operation should still be continued till spontaneous inspirations appear and are repeated at the rate of at least five or six per minute. If, however, after having awakened the pulsations of the heart, and obtained some efforts at inspiration, all become more feeble and disappear, the insufflations may be dispensed with after the lapse of ten or fifteen minutes, as the case under these circumstances is hopeless. It is necessary to withdraw the canula from time to time in order to clear it of mucus. When the trachea contains much mucus, which is manifest by gurgling, it may be drawn into the tube by suction, and the future insufflations be thus rendered more useful. When spontaneous inspirations occur, the insufflations may be suspended for the moment.

If all these means should fail, electricity might be passed through the muscles of inspiration. This, however, is an auxiliary upon which it seems but little reliance can be placed, as electricity has much less action upon the fœtus than upon the adult.

If the child is born pale and colorless, the same measures

should be used, except that instead of allowing the umbilical cord to bleed it should be tied, even before dividing it. It has been recommended that the cord be not cut in cases of this kind until after the pulmonary respiration has been fully established, in the hope that the continuance of the foeto-placental respiration might replace the extrauterine one that is wanting. Dr. King, in his *American Obstetrics*, thinks that this practice, by allowing the contractions of the heart to throw all the blood into the placenta, would expose the child to death from loss of the circulating fluid. Cazeaux says that the precaution is useless and even hurtful, by occasioning the loss of precious time, that the placenta is almost always partly or even entirely detached shortly after the child is expelled, and even were this not the case, the retractions of the uterus have so modified the circulation in the walls of the uterus, and that of the utero-placental vessels, that the infant would find its resources in that direction exhausted.

Excessive debility of the child should be met by the same means as used for apparent death.

In cases where the infant is only very feeble because it is born before term, or in consequence of sickness on the part of the mother, very great care is requisite to maintain a high degree of temperature by surrounding it with cotton wadding and bottles containing hot water, since heat is then the best stimulant.

Whenever a child is born in a state of apparent death, or of extreme weakness, it is best, especially in Catholic families, to inform the attendants and family immediately, that they may have it baptized without delay; for whatever the religious opinions of the physician may be, it is his duty to respect the opinions and feelings of his patients.

DISCUSSION.

Dr. Willard thought it a loss of time to first cut the cord and then tie it. He ties the cord under all circumstances.

Dr. Rousseau thinks it good practice to cut the cord first and then tie it, especially during the asphyxiated state.

Dr. Hofmann thought it unnecessary to allow the cord to bleed so long as the heart continues to beat, and when the heart ceases to beat the cord will not bleed even if untied. For two years he has employed the method of swinging the children to and fro, if asphyxia is complete. Recently he had a case of apparent death in an infant, in which he worked fully

one hour and a half. He had to resort several times to the swinging process before respiration was fully established. In another case, of premature birth, the same means were employed. In this case the child would breathe for a few moments after each effort at resuscitation. It required nearly two hours before it could make a feeble cry. It died six hours after birth.

Dr. Seip, several years ago, while preparing a paper on Anæsthesia in Midwifery, read of several cases of chloroform asphyxia having been restored by inverting the body. It occurred to him that the same method of restoration might be useful in asphyxiated children. He thinks the method was somewhat improved by him, for, in addition to swinging the body, he places his right hand under the chest, and, as the body descends, allows the full weight of the child to rest upon his hand, thus flattening the thorax, and as the body again ascends, the full weight of the child elongates the thorax. In this way a good imitation of the natural movements of the thorax is maintained, and the brain receives an additional supply of blood. He has tried about all the methods recommended, but believes this the most convenient and successful.

Dr. Chapman never had any serious cases of asphyxia. Has usually succeeded in producing respiration by wetting the hand in warm and cold water alternately and applying to the child, and by slight blows upon the buttocks and thorax.

In answer to the question, upon what grounds the diagnosis of incomplete closure of the foramen ovale was made, Dr. Martin said the diagnosis was made by exclusion, and from the fact that the child breathed easier when lying upon its right side.

Dr. Burgher said, if he understood Dr. Martin correctly, his inference is that the asphyxia was due to incomplete closure of the foramen ovale. Then the question arises, Can foetal circulation be carried on with this foramen closed? He thought not; nor does asphyxia necessarily follow its incomplete closure at birth. His own impression is that the foramen ovale is largest at about the sixth month of foetal life. From this time forward it gradually grows smaller, but not until about ten days after birth is it fully closed.

On motion, the discussion closed.

Dr. Strong then stated that he was requested by the Chairman of the Bureau of Climatology of the State Society to prepare a report on the climate of Western Pennsylvania, and he would therefore ask the members of the Society for information.

Dr. Childs stated that in the summer of 1869 his attention was called to the prevalence of *dysentery* and other intestinal disorders in the country districts, the season being one in which the rainfall was more or less continuous, while the city was comparatively free from the same diseases. He would ask if the fact had been noted by the other members. The unhealthiness of the farming districts he attributed to the rank vegetation, dampness, fogginess of mornings and the well-known imprudence of farmers exposing themselves early in the morning insufficiently clad and with empty stomachs. His reason for the city being comparatively exempt was that the streets were washed clean by the frequent rains, and all decaying vegetable and putrid animal matter was carried off, while the heated walls and paved streets of the city promoted rapid evaporation.

Dr. Hofmann said that in the summer of 1854 there was a long dry spell, followed by frequent heavy rains; soon after cholera prevailed to an alarming extent. In damp, warm seasons choleraic diarrhoea is more prevalent than in warm and dry weather. During several years there was a long wet spell; chills and fever then became quite frequent in what is now the Ninth, Tenth and Twelfth Wards. He does not believe that decaying vegetation is a cause of dysentery.

Dr. Willard thought an accurate comparison between city and country life could not be made. Farmers generally work some before breakfast, when they are weak, often get wet feet from dew, then eat breakfast and work in the hot sun. He thought there was comparatively more sickness in the country than in the city.

Dr. Burgher thought the subject for which information was asked was the climate of Western Pennsylvania, but it seemed to him that the weather was being discussed. Dysentery is not a disease of summer, but of the fall.

Dr. Hofmann repeated that in 1854 the weather was dry before and during the cholera, but the epidemic seemed to become more violent after the rain. On the south side, the highest part of the city was first and principally affected. This was in 1849, and in 1850 the epidemic made its appearance first on Cliff and Fulton Streets. According to these two locations, Pettenkoffer's theory that long wet spells are productive of epidemics because the ground water rises near the surface and promotes decay, is not correct. Here there was no possibility of an accumulation of ground water.

Dr. Willard remarked, in reference to pulmonary troubles,

that this vicinity was injurious to persons with weak lungs. Coal smoke is very irritating to persons suffering with tuberculosis. Some cases of asthma are relieved by the smoke.

Dr. Hofmann has a case of asthma which is always relieved by going to the oil regions for a few days.

Dr. Buffum knows of two cases that are similarly relieved. One is a case of chronic bronchitis that had taken no medicine while living in the oil country, but as soon as he remains a few days in the city the cough returns.

Dr. Burgher thought some diseases were benefited here, such as intermittent fever. No endemic diseases prevail here. Bronchial and lung troubles get worse here than in almost any other place.

Dr. Martin thought lung diseases more prevalent here than in any other city.

Dr. Burgher thought not.

Dr. Childs remarked that he had at present a case of asthma that came from the oil regions.

Dr. Chapman believes there are more cases of malignant diphtheria and puerperal fever in the oil country than in this city.

Dr. Buffum remarked that there is less pneumonia here than in other cities, but catarrhal affections are more prevalent.

Dr. Dinsmore finds far more catarrhal diseases here than in the eastern part of the State.

On motion, the discussion closed.

Dr. Chapman, essayist for September meeting, announced as the subject for her essay "Menstrual Headache."

B. T. Miller, M.D., was appointed essayist for October.

Adjourned.

A CASE CURED AT THE HOT SPRINGS OF ARKANSAS.

BY L. S. ORDWAY, M.D., HOT SPRINGS, ARKANSAS.

THIS case may be regarded as typical of a class of ailments always cured at the Hot Springs. The child was a son of a female practitioner of homœopathy of New York city, and the very excellent report was prepared by her.

O. B. W., born in New York, has now nearly terminated his fifth year. Being a twin, he was from birth accustomed to a mixed diet, having the breast during the night and occa-

sionally during the day, but at all other times the bottle. The food used in the bottle was, for the first three or four months, goat's milk, after which it was substituted by cow's milk. This mixture of food in a delicate little stomach naturally resulted in a train of ills, such as indigestion, constipation, malassimilation, and before the fifth month eczematous patches made their appearance upon the face and head. These patches spread and coalesced until both the face and head were almost entirely covered, while others appeared upon the dorsal surface of the arms and legs. This soon assumed a chronic form with its typical serous exudation and scaling, as well as profuse formation of pus and crusts, and notwithstanding what seemed to be the most carefully selected remedies, together with equally careful hygienic regulations, the results were but little more than palliative during much of the time consumed in the process of dentition, or at least until the following July, when he was attacked with measles, followed by a profuse intestinal catarrh, which continued until the child was a complete skeleton. During this illness, the action of which was clearly vicarious, all the eczematous trouble disappeared, leaving not a trace of its presence behind. Tilbury Fox, *Skin Diseases*, page 180, truly remarks: "There is no difficulty in understanding that when active disease is going on in the mucous membrane the skin will be quiescent, and *vice versa*."

The child made a slow recovery which consumed the entire autumn and winter, but when spring again approached the eczema returned, though with less violence than at first, this time yielding kindly in a few weeks. The following autumn we were again vexed and mortified by the reappearance of our old enemy, and so each spring and fall brought it back with more or less severity.

In the spring of 1876 the eczema showed itself in but one spot, the right popliteal space, where it remained stationary during the summer, but in the autumn it began to spread gradually over the leg, then made its appearance upon the other leg, and so successively upon the back, arms, neck, head and lastly the face.

By this time the condition of the child was truly pitiable; the itching was so terrible that he seldom got two consecutive hours of natural sleep, while the serous exudation and the discharge of pus was so great that the bandages about the legs under the stockings, together with the stockings themselves, were literally soaked, often in a short time, and the bed

at night had to be specially arranged with old soft linen to absorb the enormous drainage. Added to this, boils began to form upon the posterior aspect of the body, some small, others large, which also discharged profusely. There was much inflammation upon all the eczematous surface, both legs were swollen, the right one being nearly twice its natural size, and what with the pain during the day, the itching at night, together with the constant drain, it is no wonder that his health gave out entirely, his appetite was gone, his temper soured, regular afternoon fevers were set up, and he had every appearance of speedily wearing out.

At this stage of his disease we decided to try the Hot Springs of Arkansas, as other things seemed all to have failed us.

I left New York with him upon the 7th day of May, and reached Hot Springs the 10th, he standing the journey better than I had dared to hope. The night after our arrival and the following morning he was very ill, crying constantly with the pain in his legs, and during the forenoon of that day, in desperation I gave him his first bath, being obliged to carry him forcibly, as he was afraid of the idea of hot water, and not only put him in but also hold him in the tub. The temperature of the bath was at 94° Fahrenheit, and he was in the water perhaps three minutes, after which he was thoroughly dried off and carried to his bed, where he soon fell into a gentle and refreshing sleep which lasted upwards of four hours.

This was so hopeful a beginning that a similar bath was administered upon three succeeding days, and with correspondingly good results, after which he had his bath only upon alternate days, lest the debilitating effects of these waters might be too much upon his already debilitated system.

Improvement began with the first bath, and has continued regularly since.

After one month's treatment he has not now a particle of exudation upon the entire surface of the body, the swelling has disappeared and with it the burning heat and itching of the parts, the appetite has returned, the sleep is normal and the temper and spirits of the child are all that could be asked. The baths will be continued for a few weeks longer or until the discoloration of the skin is removed, which there is every reason to hope for.

In connection with bathing the child has drank as freely

of the waters as he could be induced to do, but no other medicine has been given.

It would be difficult to enumerate the list of remedies which have been used in this case during the five years it has been under treatment, but prominently appear Rhus tox., Iris vers., Viola tri., Arsenicum, Merc. sol., and Petroleum, together with a large modicum of Calcarea, Silicea, and Sulphur, by which last three these springs are abundantly impregnated.

The above case will give members of the profession a fair idea of the action of these waters in one class of cases, which invariably receive benefit here.

ABIES NIGRA.

BY T. F. ALLEN, M.D., NEW YORK.

In this drug we possess a treasure. The meagre symptoms developed by it have led to most satisfactory, indeed to brilliant results in a number of cases of so-called "dyspepsia." The sensation of "*an undigested hard-boiled egg in the stomach*" led me to prescribe it first for a lady, who, whenever debilitated from any cause, complained of a "*distressing constriction*" just above the pit of the stomach, "*as if everything were knotted up,*" or "*as if a hard lump of undigested food remained there;*" this sensation would continue uninterruptedly day and night, unaffected by anything she ate or drank, and not relieved by any abstinence; it was not associated with heartburn, eructations, flatulence or other gastric symptoms; when very severe or prolonged she also suffered from terrible distress in the head generally, with some flushing of the face. A single dose of the third dilution afforded prompt relief, and it has never failed to arrest the attacks, which do not recur as frequently as formerly.

Since this first experience many similar cases have been benefited.

A few days since, Dr. Lindsey, of this city, informed me that he was using the remedy with great success in the malarial fevers so prevalent this fall. He tells me that "Holman's Fever and Ague Pad" is composed of black spruce gum (*Abies nigra*) and camphor.

A NOTE BY DR. ALLEN.

Dr. Swan remarks, wisely and truly, that I shall injure

myself by kicking against the truth. The things, however, against which I kick, and which I intend to help *kick out* (as soon as I get a breathing spell), without the slightest damage to myself, are,

First. Dr. Laura Morgan's "proving" of *Lac caninum*, "c.m."

Second. Fluxion potencies (a disgrace to our profession).

Third. Dr. Swan's fallacious notion that there is no inert substance when potentized; and,

Fourth. That pernicious and pestiferous tail-piece to homœopathy, the idea "that morbid products when given in high attenuations will cure the diseases that produced them;" an excuse for empiricism that is *unsupported by experience*.

WEATHER PROVINGS AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

JULY.—The July of this year was relatively much cooler than that of the Centennial year. The highest thermometer being 95° , while last year the highest was 100° , and the heat was more continuous. It was comparatively a pleasant month, and free from any general epidemic.

Sergeant F. M. M. Beall, of the Philadelphia Signal Service, notes, among other things, the following in his local weather report for July:

"*Barometer.*—Monthly mean, 29.95; highest, on the 23d, 30.26; lowest, on the 9th, 29.70; monthly range, 0.56; greatest daily range, 22d of an inch on the 9th inst. The pressure has been very unsteady, yet the range was not great on any occasion, nor accompanied by any dangerous wind-storms, but usually showing sympathy for the numerous local thunder-storms, either here or in the vicinity, which have been prevalent during this month.

"*Temperature.*—Monthly mean, 78° ; highest, on the 27th, 95° ; lowest, on the 5th, 61° ; monthly range, 34° ; greatest daily range, on the 27th, 24° ; warmest day was 26th inst.; coldest day was 14th inst.

"*Moisture.*—Mean relative humidity, 70 per cent.; days on which rain fell, 13; cloudy days, 5; fair days, 8; clear days, 5.

"*Wind.*—Prevailing direction from the west; highest velocity, 28 miles, on the 19th inst.

"No windstorms of a dangerous character occurred during the month.

Other Phenomena.—Storms accompanied by lightning occurred on the 1st, 3d, 5th, 9th, 18th, 19th, 20th, 27th, 28th, 29th and 30th, making more lightning-storms for one month than we have on record for the past. The favorable hygienic influence of so much atmospheric electricity has been quite noticeable, reducing the mortality of the city from 10 to 30 per cent., as compared with past years. A small quantity of hail fell on 1st and 3d ult. On account of frequent rains, reports of growing crops are very favorable."

DISEASE TENDENCY.—The month commenced with a perceptible inclination towards general prostration, diarrhœa and dysentery, after which for about a week cases seemed to improve; then again diarrhœa, cholera infantum and cholera morbus made their appearance more definitely. Enteralgia and gastralgia next supervened. The 14th was the coldest day of the month, and while patients and people generally were more buoyant, yet coryza and fresh colds were abundant, while on the 20th, the warmest day, cases all seemed to be improving, but the following day diseases were more aggravated, with considerable prostration, and especially so as the previous night was a very hot one. An evening shower on the 27th, however, dispelled these feelings, and cases improved again.

Headaches, however, were prevalent at this time, and a tendency to derangement of the liver.

There were some typhoid symptoms manifested about the 19th, and some sore throat, bronchial irritation, rheumatism, and fresh colds.

Neuralgia, diarrhœa and crampy pains and cramps followed the last few days of the month.

AUGUST.—The following, from Sergeant Beall's local weather report for August, indicates the general atmospheric conditions:

"Barometer.—Monthly mean, 29.95; highest, 30.22; lowest, 29.69; monthly range, 0.53. It will be observed that the monthly range is very small, less than half an inch, yet the daily fluctuation represents a very irregular line on a chart, being generally produced by the daily expansion and contraction of the atmosphere from temperature.

"Temperature.—Monthly mean, 75°; highest, on the 29th inst., 93°; lowest, on the 5th inst., 63°; monthly range, 30°; greatest daily range, on the 16th, 22°; least daily range, 5°,

on the 1st inst. ; warmest day on the 29th ; coldest day on 1st inst.

"Moisture.—Mean relative humidity, 69 per cent. ; rainy days, 7 ; cloudy days, 8 ; fair days, 11 ; clear days, 5. There was a great deficiency of rainfall for this month, as compared with months of August in past years, extending south, through Delaware, Maryland and Virginia.

"Wind.—Prevailing direction from the west ; highest hourly velocity during the month was 26 miles, on the 1st inst. No dangerous windstorms occurred during the month."

THE DISEASE TENDENCY for the month was principally as follows: coryza, hay fever and colds affecting the chest ; there was likewise some disposition to cramps in the bowels, diarrhœa, fresh colds, erysipelas and skin diseases. Typhoid symptoms were noticed about the 11th ; croup and fresh colds were noticeable on the 16th, after which intermittent fever, rheumatic symptoms, hives, diarrhœa and coryzas followed more abundantly, then bilious and intestinal symptoms were observed. Hay fever was especially prevalent throughout the month, while influenza colds were a marked feature of the closing days of the month.

CORRESPONDENCE.

BAR HARBOR, MOUNT DESERT ISLAND, COAST OF MAINE,

July 31st, 1877.

MY DEAR EDITOR :

Promises, like choice relics, are all the better for their being kept, hence this sample of penmanship now before you. This first epistle of James to the monthly editor is a medical novelty, to be sure, and I have no doubt you will exclaim, "Where on earth has our antique 'scribe' of the county society and the 'club' wandered to this summer? Into some nook or corner of the world after new climate, cures or health resorts for invalids, I suppose, for that's one of his hobbies, and he never lets go the reins of any of them, and when his hands get full he opens his mouth and hangs on to lines of the others with his teeth, like a Turk, and if he don't look out he will starve to death in that way yet, and I guess when we come to think of a mountain, a desert and an island, all on top of one another in the mighty main (Maine), he is about to commit starvation scientifically for once." Aha! no, no!

for I am just going to leave this jolly spot where I have been living for the last two weeks on fog and fish, with a few extras thrown in, and strike off further towards the North Pole.

Odd as it may seem to you, I find that asthmatic cases and a certain class of coughing and consumptive cases do well here on this cool isle, in the warm summer season, and little or no rheumatism is discoverable. Everybody seems well, flourishing and happy. You are aware that climatic influences upon health has occupied my attention to a considerable degree for years, and now allow me a thought or two on this point in writing to you.

Consumption in its usual form is produced most easily and flourishes best in a moist, changeable climate; hence you will find the phthisis pulmonalis mortality lists longest in the large cities of the temperate zone in that wet and most changeable month of March, and the lists shortest in the dry and steady mildness or heat of the summer months, even taking into notice the prostrating effect of the high temperature.

If, therefore, the profession could induce all persons who have a tubercular diathesis or hereditary tendency to this disease, on the first symptoms of its approach, to make a permanent change of residence to a climate suitable for prolonging the lives of such patients, and then again, for those who have no special inclination to this malady, but in whom the evidences are clear of its inroad, to compel such, like the birds, to migrate from South to North or *vice versa*, keeping out of the way of violent atmospheric changes, and then induce others, who must be located, to go to the most life-prolonging spot to reside for life, physicians would be doing the best for this disease that can, in all probability, be accomplished.

I must say that the profession is reckless in this matter and takes but little interest in the climatic management of patients. It fights away with its remedies at home until the case is hopeless, and then tells the pitiable invalid that his case is incurable. I fear the pocketbook interest in some instances pushes up its head and will not allow an early sending away of a good-pay patient to be cured by the laws of nature.

Physical labor develops the muscular system and mental work the brain and intellect, but there is a limit to normal action in this direction, and then enervation and wasting of the vital powers is the result; in other words, disease takes the place of healthy development. The dormant but ever-watchful dyscrasia or disease-tendency peculiarity of certain

individuals just here springs into activity, and unfortunate is the one who does not take that invaluable remedy *rest* in a suitable invigorating atmosphere at this juncture.

Rest and climate-toning of the over-burdened frame will here save many an individual from becoming a confirmed consumptive. I regard these precautions more valuable than all the medicinal stock of a pharmacy or a handful of pocket-case prescriptions. Professional brethren, educate yourselves up to a broad and humanitarian way of thinking in these cases, and you cannot but enforce rest and change early enough in the diseased condition to save life.

This region of the country is what may be termed the "switching-off place" of the great storms of our continent, for as some may not be aware, let me say that all of our storms, or nearly all, start in the northwest, west, or southwest, and proceed in a variable line but in a direction towards the northeast, where they are lost to meteorological observation on this side of the Atlantic. We never have northeast general storms at Philadelphia, notwithstanding the popular opinion claims that many of the hardest come from that quarter. How is that? one may exclaim, for the wind blows from the east and northeast in these storms, and fiercely, too. That is true; but the wind, in these storms that extend over large areas of territory, always blows towards the centre of a low barometer, which is always moving, and, therefore, when the centre of low barometer or storm-centre is southwest or west of us, advancing, we have these fierce winds blowing from the east or northeast, sometimes for hours, before the moisture becomes condensed into rain with us; but when this does occur the rain-drops are drawn by the in-rushing air from the east towards the centre of the storm and produces the result that those unfamiliar with meteorology call easterly storms. Local storms and tornadoes do not follow any fixed laws as yet discovered, and hence are not included in these remarks. Therefore I say that I am now near the leaping-off place of our American storms. Nova Scotia, however, is more accurately the land that gives them the send-off out to sea.

In thus going off, one would hardly expect them to disappear without leaving their traces behind them, and this they do in the fogs or accumulations of cloud-dust, if I may so term them. I have been befogged almost every day, to a certain degree, ever since I left Portland, and the end is not yet. These fogs do not seem to be at all unhealthy, for invalids

with coryzas and coughs from recent colds lose them soon after reaching Mount Desert, and are not likely to renew them unless from great imprudence. I have been very often damp and wet from the moist weather and tramping the shores and mountains since reaching here, but have not taken cold—a thing that I could not, in my own city, dare to do without suffering greatly. The water is too cold to bathe in, and I have not indulged in a sea-bath, although a few visitors have.

In writing about health resorts, I have no interested motives to govern me in what I may say about any of them, and I do not expect ever to have any, so I intend to write favorably or disparagingly, as the case requires. In regard to fogs, I do not want you to infer that a storm must necessarily precede or succeed a fog.

You must remember that the air is much cooler here, and the cold water from the arctic regions surges the shores along the northeast coast, and the storms, with their extra amount of moisture, meeting this colder region, and possibly having more added from the ocean proximity, and then the less direct force of the sun's rays, and possibly other agencies, all tend towards the same fog-producing results. The hale, hearty-looking people of London, England, where fogs are abundant, are good illustrations that fogs are not unhealthy as a general rule. Many foggy mornings end in bright sunshine about ten or eleven o'clock, to return at evening again, and the sailors here say, "Oh, the sun will eat up the fog before noon."

Well, what has all that to do with Mount Desert Island as a resort? Not a great deal, probably, except to notify visitors to this place that they must not expect perpetual sunshine, that's all; and yet they can improve their health and have a good time, too, if they desire. It is, in brief, this: an island with mountains and hills, and these are generally covered with evergreen growths—spruce, fir, balm and vitæ—giving a climate of sea air, mountain air and the balmy pine-growth air, which, as you will readily infer, is just the summer resort for incipient consumptives and asthmatics and those who run down from the enervating heat of our latitude.

Oh, how I wish our new children's hospitals could send the little sick children here and open a sanitarium for them; but distance precludes that. With regard to temperature, let me give you last summer's (1876) and this, as far as I have it:

*Observations on the Weather and Thermometer, made at Bar Harbor,
Mount Desert Island, for the Season of 1876.*

BY COLONEL W. F. HOLLAND.

| Date. | 8 A.M. | M. | 3 P.M. | 9 P.M. | Remarks. |
|----------------|--------|----|--------|--------|-------------------------|
| July 20, . . . | 68 | 74 | 70 | 68 | Clear. |
| 21, . . . | 71 | 68 | 66 | 64 | Clear. |
| 22, . . . | 71 | 66 | 66 | 57 | Clear. |
| 23, . . . | 54 | 52 | 52 | 52 | Rain all day. |
| 24, . . . | 54 | 67 | 70 | 60 | Cloudy. Clear. |
| 25, . . . | 64 | 74 | 74 | 60 | Clear. |
| 26, . . . | 63 | 60 | 62 | 54 | Rain. Clear. |
| 27, . . . | 70 | 74 | 70 | 61 | Clear. |
| 28, . . . | 66 | 70 | 66 | 63 | Clear. Windy. |
| 29, . . . | 66 | 62 | 62 | 62 | Rain. Fog. Clear. |
| 30, . . . | 70 | 74 | 76 | 62 | Clear. |
| 31, . . . | 60 | 60 | 64 | 63 | Showers. Clear. |
| Aug. 1, . . . | 62 | 74 | 76 | 62 | Clear. |
| 2, . . . | 76 | 70 | 66 | 60 | Clear. |
| 3, . . . | 68 | 80 | 78 | 69 | Clear. |
| 4, . . . | 76 | 80 | 70 | 68 | Clear. |
| 5, . . . | 70 | 74 | 82 | 62 | Clear. |
| 6, . . . | 78 | 82 | 86 | 80 | Clear. |
| 7, . . . | 82 | 84 | 88 | 68 | Clear. |
| 8, . . . | 82 | 88 | 86 | 72 | Clear. |
| 9, . . . | 78 | 88 | 88 | 74 | Clear. |
| 10, . . . | 78 | 76 | 76 | 74 | Clear. |
| 11, . . . | 76 | 85 | 85 | 66 | Clear. |
| 12, . . . | 62 | 65 | 62 | 58 | Fog 10. Clear. |
| 13, . . . | 62 | 70 | 73 | 62 | Fog 11. Clear 12. Fog. |
| 14, . . . | 61 | 72 | 80 | 66 | Fog 12. Clear. |
| 15, . . . | 70 | 73 | 69 | 66 | Fog 12. Fog. Rain. |
| 16, . . . | 70 | 76 | 74 | 58 | Clear. |
| 17, . . . | 62 | 60 | 58 | 55 | Cloudy 12. Clear. |
| 18, . . . | 60 | 70 | 76 | 54 | Clear. |
| 19, . . . | 58 | 64 | 60 | 54 | Fog 12. Fog. Fog. |
| 20, . . . | 62 | 71 | 65 | 56 | Rain 12. Cloudy. Clear. |
| 21, . . . | 56 | 62 | 62 | 54 | Clear. |
| 22, . . . | 62 | 70 | 72 | 58 | Clear. |
| 23, . . . | 64 | 69 | 70 | 59 | Clear. |
| 24, . . . | 58 | 62 | 73 | 60 | Clear. |
| 25, . . . | 56 | 58 | 58 | 54 | Fog. Fog. Clear. |
| 26, . . . | 70 | 80 | 70 | 64 | Clear. |
| 27, . . . | 74 | 66 | 60 | 54 | Cloudy. Clear. |
| 28, . . . | 60 | 70 | 65 | 60 | Clear. |
| 29, . . . | 65 | 70 | 70 | 60 | Clear. |
| 30, . . . | 66 | 76 | 74 | 62 | Clear. |
| 31, . . . | 70 | 80 | 74 | 69 | Clear. |
| Sept. 1, . . . | 64 | 70 | 66 | 54 | Clear. Fog. |
| 2, . . . | 66 | 66 | 72 | 56 | Stormy 12. Clear. |
| 3, . . . | 62 | 72 | 70 | 60 | Clear. |
| 4, . . . | 62 | 64 | 64 | 60 | Clear. |
| 5, . . . | 58 | 68 | 62 | 46 | Clear. |
| 6, . . . | 54 | 62 | 60 | 56 | Clear. |
| 7, . . . | 60 | 66 | 66 | 52 | Clear. |
| 8, . . . | 54 | 58 | 56 | 52 | Cloudy. Rain. |
| 9, . . . | 52 | 68 | 60 | 50 | Cloudy 12. Clear. |
| 10, . . . | 58 | 60 | 60 | 56 | Clear. |
| 11, . . . | 58 | — | — | — | Clear. |

*Daily Record of the Weather and Thermometer, made at Bar Harbor,
Mount Desert Island, Maine, for the Season of 1877.*

| Date. | 8 A.M. | M. | 3 P.M. | 9 P.M. | Remarks. |
|---------------|--------|----|--------|--------|--|
| July 6, . . . | 66 | 70 | 68 | 63 | Clear. |
| 7, . . . | 69 | 72 | 68 | 58 | Clear. |
| 8, . . . | 60 | 68 | 68 | 64 | Clear. High wind. |
| 9, . . . | 64 | 80 | 72 | 66 | Clear. Shower. |
| 10, . . . | 62 | 74 | 78 | 62 | Fog 12. Clear. |
| 11, . . . | 61 | 68 | 60 | 58 | Clear. Slight Fog. |
| 12, . . . | 62 | 64 | 70 | 58 | Fog 10. Clear. |
| 13, . . . | 68 | 66 | 64 | 62 | Clear. |
| 14, . . . | 65 | 60 | 64 | 60 | Clear. |
| 15, . . . | 72 | 84 | 86 | 70 | Clear. |
| 16, . . . | 74 | 82 | 86 | 64 | Clear. |
| 17, . . . | 59 | 66 | 60 | 58 | Fog. Fog. Fog. Rain, S. E. |
| 18, . . . | 62 | 75 | 80 | 72 | Clear. N. W. |
| 19, . . . | 61 | 69 | 64 | 70 | Fog. High wind. S. W. |
| 20, . . . | 66 | 72 | 70 | 66 | { S. W. Cloudy. Clear. Cloudy. |
| 21, . . . | 68 | 74 | 74 | 64 | { Cloudy. Clearing. S. W. |
| 22, . . . | 74 | 80 | 74 | 63 | { Clear. W. |
| 23, . . . | 69 | 78 | 76 | 70 | { Clear. |
| 24, . . . | 70 | 78 | 74 | 70 | { Clear. N. W. S. by W. |
| 25, . . . | 64 | 64 | 64 | 62 | { S. W. Cloudy. Cloudy. Cloudy. |
| 26, . . . | 58 | 58 | 60 | 56 | { S. W. S. E. S. E. Rain. Rain. Rain. |
| 27, . . . | 56 | 60 | 57 | 56 | { S. E. S. E. Cloudy. Clearing. Cloudy. |
| 28, . . . | 60 | 68 | 74 | 62 | { S. E. S. W. S. W. Cloudy. Clear. Clear. |
| 29, . . . | 60 | 64 | 66 | 60 | { S. E. S. E. Fog. Fair. |
| 30, . . . | 60 | 66 | 66 | 64 | { S. E. S. W. S. E. Fog. Shower. Rain. |
| 31, . . . | 64 | — | — | — | { S. N. E. Cloudy. Fair. |

How do you get to this out of the way place? I am asked.

From Philadelphia you can reach it by sea all the way if you wish—by boat to Boston, boat from there to Portland, and steamer "Lewiston" from there, every Tuesday and Friday evening at eleven o'clock, and reach the island the next day after leaving Portland, at "Southwest Harbor" if you wish to stop there first, or at the more fashionable and active place, "Bar Harbor," about an hour later, for the boats all stop at both places during the season. Here is what a brief notice of the resort says, and that will give a better idea of its accommodations :

"An island full of hills and dells,
All rumpled and uneven,
With green recesses, sudden swells,
And odorous valleys driven
So deep and straight that always there
The wind is cradled in soft air."

One hundred and ten miles east from Portland, Maine, lies the picturesque island of Mount Desert. It is eighteen miles long and about twelve in breadth, and joined to the mainland by Trenton Bridge. Champlain named the place "Mount Deserts," on account of its rude solitudes, and its early history is full of romantic interest. Approaching from Portland, the first landing-point on Mount Desert is Southwest Harbor. Here are the Freeman, Island, Ocean and Stanley Houses. All of these houses furnish carriages, boats, guides and every facility and comfort for guests. The approach from the sea is grand, and the scenery about Somes Sound is full of varied picturesqueness. Delightful drives and rambles may be had, especially northward round the head of the sound, which nearly bisects the island. Leaving Somesville, the tourist will by an hour's drive reach the westerly slope of Green Mountain, about 2000 feet high. On the top is situated the Green Mountain House. A road leads to the summit. Of the exquisite beauty of the scene thus presented, Whittier has given a picture in the legend of his "Mogg Megone." Mount Katahdin, Camden Mountains, and Mount Desert Rock are plainly seen. At Bar Harbor, fifteen miles from Southwest Harbor, are the following hotels: Grand Central, Newport, Ocean, Agamont, Atlantic, Bayview, St. Sauveur, Rockaway, Deering, Hamor, Lynam Cottages, Rodick, Hayward House, and other smaller houses. Hotel fare is from \$8 to \$10 per week or upwards. Private families also receive guests at reasonable prices. Numerous cottages have been recently built, and others are in process of building. The scenery about Bar Harbor is enchanting. Of the mountain and stream, island, cave and lake, with the river, bay and headland, which answer to names suggestive of tender memories, and "whose melody yet lingers like the last vibration of the red man's requiem," a volume might be written.

Four miles from Bar Harbor, southerly, at Schooner Head, are Spouting Horn and Devil's Oven, the one a cleft in the crag, through which during an easterly gale the sea spouts with terrific force, and the other a huge cavern which should be visited at low water.

Bar Harbor.—This spot doubtless raises in one's mind visions of the *bar* of some drinking saloon, from the temperance State of Maine, that has floated out to sea and lodged in this secluded bay for thirsty *main-landers* to quiet that Arsenicum symptom, "desires to drink frequently, and but little at a time." From the constant washing of the waves I

arrived at the conclusion that its name was derived from a bar of soap; then I looked for crows, thinking it might be derived from the word *crow-bar*, and as that animal seems to be a native here as well as of the distant Jersey, I found them flying in the direction of Bar Island, but not resting or stopping there. I find that incorrect, and the real solution to be that there was a bar of rocks beyond the boat-landing, at low water, reaching from Mt. Desert Island to a small island across the harbor, called Bar Island, owned and occupied by Mr. Rodick, owner of the Rodick House. This bar is covered at high tide, but cannot be crossed by boats, and several little islands called the Porcupine Islands running off towards the sea break off the force of the storms and rough billows, and form a very safe and beautiful harbor, and forming part of Frenchman's Bay, which extends up around this island.

One would suppose a medical man would hardly be required here, but there are two or three summer doctors; but as birds of a feather do not flock together in summer, I preferred the birds' example and made no acquaintance with them. One of these is a homœopathic physician I learn. That recalls a very pleasant day I spent in Boston on my way hither, with some of the medical men of that solid city, Dr. I. T. Talbot being just as genial and communicative as ever. I visited the new hospital, and although I have been in a good many of these institutions for the care and comfort of the sick, I think this is a model of what one should be. Of course I would expect a comparatively new building to be neat, and being located in the newly improving part of the city should look fine. But aside from this it has all the modern requirements, as far as I could discern from a careful inspection of it, to make its sanitary condition the very best. Every ward and even the other rooms have ample windows for good sunlight, and then the ventilation is carried on by a system that carries off, not in theory, as in our public schools, but in fact, the lower and upper strata of impure air from the rooms, while an immense steam heater in the cellar affords ample heat to warm all of the building; and this mode of heating hospitals is doubtless the most free from objectionable points. The wards and other rooms, and even the water-closets, were clear of all hospital odors or close-smelling atmosphere, while everything about the place looked tidy, bright, light, airy and enjoyable; in fact it hardly appeared like a hospital, having in its construction and management done away with about all the objections that hospital buildings

usually have surrounding them. Then the college building is a model to pattern after, while the rigid mode of instruction with the three years' graded course and the inflexible determination to maintain a high standard of medical education for both male and female students, is a commendable step on the part of the faculty and institution, and it is an upward one that all of our homœopathic colleges should take and must, ere long, if they desire to maintain their educational status, for the best students will naturally centre towards the most thorough colleges where a high standard is a requisite. The Pennsylvania University (allopathic) has adopted the three year course in their medical department, and the Harvard University has also, some time ago. I inquired how the two sexes managed in attending lectures together, in the Boston University (homœopathic), and was informed that every student was obliged to conduct himself and herself in a chaste and dignified manner towards the fellow-members of the class, and that the professors of course set the example; and that any infraction would be a cause of dismissal of a student from the college. No trouble as far as I could ascertain seems ever to have arisen on that score, and from the strict discipline in force I cannot readily see how any trouble can arise.

But I find my thoughts are getting "off the track," so I shall close ere I come into collision with some good professional brother in some other college or city, and get my thoughts "thrashed" by some one, because I do not write about his pet school of medical learning.

Well, when I am with any such, let me say just here to you, do not be afraid to show me through, and I will "pat" you hard or gentle as you deserve.

Yours truly,

BUSHROD W. JAMES.

THE WYLD-RICHARDSON PROPOSALS.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

SIR: It seems to me eminently undesirable that any misapprehension should exist in the minds of American homœopaths as to the feeling of those in Great Britain, with reference to the movement which is going on here regarding the relation of medical men practicing homœopathy to those who

reject our method. Some misapprehension does, I conclude, exist from the remarks in the number of your journal upon this subject which I have just received.

We feel, and I think all must feel, that the investigation of homœopathy ought to have been taken up by the profession generally fifty years ago. It was not so. On the contrary it was and ever has been by the majority inveighed against in terms which it is unnecessary for me to characterize. Those who have adopted homœopathy have been shut out from medical societies and from professional association generally. We know quite well that this exclusion has operated injuriously to the spread of homœopathy. Many who would have studied and eventually adopted our system have been deterred from doing so by an unworthy fear of professional ostracism and loss of caste. This has arisen from the exclusion to which we have been subjected, and it has not been compensated for by the institution of special societies and special hospitals and dispensaries.

Notwithstanding all this homœopathy has spread, but its spread has been of an empirical rather than of a scientific character. At the present moment homœopathy in an empirical fashion is practiced by a large number of medical men. We feel sure that, could we gain access to the professional societies and hospitals, and be brought in contact professionally with allopathic practitioners, we should possess opportunities of representing homœopathy in a scientific light, and would be able, by so doing, to lift the therapeutic methods in vogue out of empiricism into science. Further, there are in all our large towns medical men who are desirous that their homœopathy practicing brethren should have opportunities of meeting them and discussing with them the various points on which at present we differ. No one, I imagine, can gainsay the importance of our being able so to do.

All then that we have in view is, that the obstacles to professional intercourse which at present exist should be removed. No one contemplates giving up one jot of what he believes to be true in therapeutics. Dr. Wyld's letter to Dr. Richardson, and his address at the British Homœopathic Society, are both couched in language which would lead any one to suppose that we are ready to purchase admission to societies, etc., by giving up all that is significant in homœopathy. But most assuredly we are not going to do anything of the kind. We desire to have our rights as members of the one profession of medicine and we mean to obtain them. Having obtained

them, an opportunity of teaching and illustrating homœopathy will be multiplied a thousandfold. The ignorance of homœopathy which prevails among well-educated members of the profession is astounding. Remove the obstacles to professional associations and this ignorance will soon follow them. It is to this end we are working here. We are invading the enemy's camp—not fighting him in the open. The aim of all medical men we believe to be the same, viz., the cure and prevention of disease by the means best known to each.

We know full well that the cure of disease is best accomplished by homœopathically selected medicines. To convey this knowledge to medical men who have it not is the object we have in view in promoting professional union, and so far as this country is concerned, I feel sure that no method is so likely to succeed in accomplishing this end. Do not imagine, then, that there is any loss of confidence in homœopathy here, or any desire either to underrate its value or to abandon its practice. The determination to press its importance upon the profession was never stronger than it is now.

I am yours, etc.,

ALFRED C. POPE.

2 FINSBURY SQUARE,

August 15th, 1877.

OBITUARY.

GEORGE W. SWAZEY, M.D.

THE sudden death of this distinguished physician came like a sudden blow to a large circle of friends and acquaintances. He had gone to Deerfield, a town but a short distance from his home in Springfield, Mass., to visit a patient, and mistaking his way in the darkness, walked off the railroad bridge near the depot, and fell a distance of nearly thirty feet to the roadway below. His moans soon summoned assistance from the residence of a Mrs. Allen, and he was tenderly cared for at the house until he expired, an hour later. He retained his mental faculties to the last, and realizing that his injuries would prove fatal, left loving messages for his family and friends.

Doctor Swazey was born in Exeter, N. H., in 1812, and was, therefore, sixty-five years old. He commenced his college course at Bowdoin, Me., in 1835; the following year he

spent at Dartmouth, but returning to Bowdoin, he graduated there in 1837. He commenced practice as an allopathic physician in Newburyport, but in 1840 he adopted the homœopathic system and continued steadfast in that faith afterwards. He settled in Springfield in 1844, and was the first homœopathic physician to locate in that city. Dr. Swazey was well known to the homœopathic profession, and held in high esteem by all who knew him. He was a prominent member of the American Institute of Homœopathy, of which he was elected President in 1850, and of the Massachusetts Homœopathic Medical Society, of which he was likewise chosen President. The violent ending of so peaceable a life will doubtless affect especially his old associates in the honorable body of *Seniors* of the Institute.

The following beautiful and well-merited "*Tribute to Dr. Swazey, by one of his professional associates*" is taken from the *Springfield Union*:

"By the deplorable accident at Deerfield, on Saturday evening, a notable and largely respected physician of this city passed from this life, suddenly,—almost 'in the twinkling of an eye,' into the shadow of the great mystery, into the domain of the immortals. This event is saddening, mournful and deeply afflictive to the many friends of the deceased in this city, where so large a period of his life was passed, and who were attached to him by memories tender and sacred, and by friendly and social ties stronger than 'hooks of steel.' To the family of Dr. Swazey, who shall venture to estimate the calamity of this sudden translation? In his home, under his own roof, he was a joy,—a very fountain of comfort and gladness; his love for his family was as tender and constant as a mother's for the babe at her breast. He was peculiarly rich in parental love, delighting extremely in his children, to whom he was confessor, counsellor, father, brother and companion. Oh, how desolate, for a long season, will that home be to them without him! And outside of the habitation that his presence filled as with sunshine, how profoundly will he be missed and mourned. How many eyes have paid the spontaneous tribute of tears to his memory and virtues in the past twoscore hours! In the sick-chamber Dr. Swazey was a very benediction. His step carried solace and healing to the suffering as it crossed the threshold of their rooms. How gentle he was toward the sick, and his face was radiant as an angel's with the sympathy that welled from his heart! We who knew him well, believe he is to-day crowned with the Father's blessing in the upper realm! Peace and rest and the joys of the immortal life be to him through the eternities. . . .

"It is not necessary that a word be written of his character as a citizen and man to this community, by whom he was so well known. His 'life here has been long, honorable and successful. He commanded public respect while living, and justly receives its tributes now that he is dead.' He was held in high esteem by his professional brethren throughout the country, and from time to time was the recipient of their highest public compliments. He was one of the founders and early presidents of the American Institute of Homœopathy, now grown to be the largest associate medical body in the world. He was also one of the organizers of the Massachusetts Homœopathic Medical Society, was one year its presi-

dent, and continued an active and honored member while he lived. He was a conscientious, studious and thoughtful man, slow to be convinced, but when convinced ever ready and quick to defend his conclusions. He is spoken of, by a contemporary, as a man of 'narrow mental scope.' Precisely where the line should be drawn between a narrow and wide 'scope,' the writer cannot affirm, but, of Dr. Swazey, he ventures to declare that he was a man full of the spirit of progress, never clinging to the past, but looking steadily onward and upward, full of the 'humanities' of the period, and in hearty sympathy with every movement that looked to the elevation and betterment of the human family. He was a 'slow' man, but he was a strong man, combative and controversial in his disposition, but aiming steadily toward the right, and keeping step to no drum-beat that had not an inspiration for him in that direction. He was a man who could think as well on his feet, in the presence of an assembly, as in an arm-chair in the quiet of his office. In the medical conventions of his school he was always a force, alert to observe any movement not on a line with what he deemed its true policy, a ready debater, easy and fluent of expression. He has done worthy labor for the cause he served, and will be remembered as one of the valiant souls who dared to step from the ranks at a time when to do so involved a sacrifice of much that cannot now be realized, and uplift and carry forward to a wonderful victory the banner inscribed with that then strange device, Homeopathy! Brave soldier, comrade, friend! Tearfully I lay a lily upon the coffin that incases all that was and is yet tangible of thy personality, and tenderly and lovingly bid thee, for a brief time, adieu."

A CASE OF EPILEPSY.

BY FRANK BURCK, M.D., FREDERICK, MARYLAND.

DEAR "MONTHLY:"

Having been very much interested by the reports of the cases of epilepsy mentioned in the March and April numbers of the monthly, I beg leave in this connection to present a somewhat remarkable case, which may possibly prove interesting to your readers. I give the case as recorded in my case-book:

Mrs. E., aged twenty-three, unmarried, two children. When about ten years of age began to suffer with epileptic spasms, supposed to have been the result of a very severe attack of whooping-cough. Was treated by a prominent allopath without success, who finally said she would not be relieved until the appearance of the menses. She began menstruating at fourteen, but the attacks increased in frequency. He then said relief would probably follow pregnancy. She married, became *enceinte*, and worse. The second pregnancy aggravated the attacks; was consulted May 21st, 1876; found her gradually growing worse, the attacks having increased from one or two a week to one a day and frequently

two. The aura commenced at the knees, ascending until it reached the hypogastric region, when she would become unconscious, foam at the mouth, and fall down convulsed with clonic spasms. The attacks would vary in length, and she would complain of feeling very much exhausted after them, frequently compelling her to keep her bed the balance of the day; was not affected by change of moon, but attacks would always come on when entering a hall, church, storeroom, or any room with a high ceiling. As she expressed it: "Just as soon as I go into a high room, my head begins to reel and I soon know nothing of myself."

May 22d, 1876, she received Cuprum acet. 6^z, twelve powders, one every night before retiring. No attacks after taking the first powder and has been perfectly free ever since, and is now (June, 1877) again pregnant.

Although foreign to the subject I would state I have had the pleasure of verifying Dr. Frantz's experience with Xanth. frax. in a case of dysmenorrhœa very much resembling his. I used the 200th.

FRENCH PREJUDICE.

BY J. G. GILCHRIST, DETROIT, MICHIGAN.

EDITOR HAHNEMANNIAN MONTHLY:

In the May number of your journal is an article on hydrophobia, by one Dr. Speth, in which he says: "Our prejudice towards the French must not lead us to treat this new remedy for that most horrible of all diseases with indifference, simply because the knowledge of it comes from Paris." This is a most remarkable expression, and one that seems to augur a most astounding unfamiliarity with medical history. Did this gentleman never hear of Paré, Larrey, Dupuytren, Nelaton, Velpeau, Ricord, Malgaigne, and a host of names that have no superiors in any time or any nation? Truly, the time must soon come when the nation will no longer make the man. The tendency to see no excellence unless in an inhabitant of the German Empire is too widespread, and most certainly frivolous. Let us have less of this. Science has no nation, but we opine the illustrious in French medicine are not outnumbered nor excelled by any nation on earth. What tongue will fashion compel us all to worship next? None can tell. But for scientific men to listen to such folly is ab-

surd and debasing. For one, I emphatically disclaim any such absurd "prejudice" as the writer alludes to, and opine I represent quite a large class.

THREE YEARS' COLLEGE COURSE.

BY E. N. AMASS, M.D.

MESSRS. EDITORS: I notice that there is a growing disposition to introduce the three years' graded course of instruction into the medical colleges of our country. The three years' course is, as yet, left optional with the student, but I see in the June number of the *Hahnemannian* that "it is probable that another advance step will soon be taken, making this course obligatory upon all." (See vol. xii, page 610.)

I have the following objections to the three years' course: First. It is not necessary, in order to successful practice, that a student should attend three courses. If the student is capacitated for the successful study of medicine, he can learn all that is *practical* in two sessions, provided he has applied himself faithfully to the study of his text-books for one year previous to his entering college, and employs himself in like manner during the interval of time between the courses of lectures. If he is not a good student and misspends his time, it is useless to spend money upon him in trying to fit him for a position for which he must always be incompetent.

Second. It increases the difficulty of entering upon the practice of medicine by poor but talented young men, by unnecessarily increasing the expenses of a medical education, thus finally filling the ranks of the medical profession with the sons of the wealthy, who have plenty of money to buy their way through the college course if, from the lack of brains or the want of the stimulus of necessity, they should not be quite qualified, even at the end of a three years' course, to graduate.

The legislatures of some of the States have passed laws making it a penal offence to practice medicine without a diploma. If the three years' course is adopted by all the colleges, many persons who would make the best physicians in the country will be shut out from the practice for want of means to complete the course, and a greater preponderance of incompetent ones be introduced simply because they have the money to carry them through.

It is my opinion that the colleges that adhere to the two years' course will be patronized in proportion to the general adoption of the three years' course, for it is successful practice that is looked at by the people of this practical age, and not the length of the college course. Students will not be slow to learn this fact; hence they will crowd to those institutions of good repute that grant diplomas on the old terms.

EDITORIAL NOTES.

THE BRITISH HOMŒOPATHIC CONGRESS OF 1877.—We furnish with this number a report in full of the admirable and appropriate address delivered before the Congress, by Alfred C. Pope, Esq., of London, President of the Association. It is well worth all the time that may be bestowed on reading it. It is a sound paper, and chases away the glamour with which it has recently been attempted to hide the forbidding and disgraceful true cause of allopathic opposition to homœopathy, viz., *ignorance* of what homœopathy really is. Owing to the kindness of Mr. Pope we are thus enabled to lay before our readers this excellent speech, and we will treat them to the practical papers read at the Congress, probably in our next issue.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—

I. The semi-annual meeting of the State Society, held last October, from a scientific standpoint, was the most successful of any ever held, and may be accounted for chiefly from the fact of the larger number of able papers presented, and the interesting discussion which followed their reading.

II. The *semi-annual meeting* this year will take place at *Utica*, on the *second Tuesday and Wednesday of October*, and we confidently hope, will be more interesting than the last.

III. In order to accomplish the desired end, the coöperation of *every member* of the society must be obtained, and in the interest of our common cause we appeal for this aid.

IV. It is hoped that every physician in the State will either be present and take part, or contribute some article through another. Alfred K. Hills, M.D., the very efficient Recording Secretary, will furnish all desired information on application.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—This association meets on the 3d and 4th of October, and no doubt the attendance will be large and the most profitable in every way. The circular issued by the Secretary gives promise of a good class of papers by first-rate men. These papers and the minutes and discussions will, as usual, appear in the columns of the *Hahnemannian Monthly*.

THE ZOÖTROPE AS AN ILLUSTRATOR IN PHYSIOLOGY.—At the last meeting of the Hahnemann Club of Philadelphia, Dr. A. Korndorfer illustrated the action of the heart through the zoötrope, and suggested the use of this hitherto amusing toy—or what might prove still more serviceable, the phantoscope, with strong light and a screen—for illustrating both physiological and pathological action of the heart and its valves; thus giving in lifelike appearance actions which, until now, have been illustrated through vivisections only.

Dr. Pemberton Dudley thought the usefulness of this method of illustration might be extended, so that the act of deglutition and the peristaltic action of the intestines could be illustrated. He has in course of construction an improved apparatus for this purpose.

NEW YORK OPHTHALMIC HOSPITAL.—Report for the month ending August 31st, 1877:

| | |
|--|------|
| Number of prescriptions, | 3000 |
| Number of new patients, | 458 |
| Number of patients resident in the hospital, | 25 |
| Average daily attendance, | 111 |
| Largest daily attendance, | 172 |

ALFRED WANSTALL, M.D.,
Resident Surgeon.

TO SUBSCRIBERS, CORRESPONDENTS AND OTHERS.—The attention of subscribers, correspondents and others is respectfully called to the advertisement on the first page of the cover of this journal, to the effect that all *subscriptions and business communications* are to be sent to the publishers, Boericke & Tafel, 125 South Eleventh Street, Philadelphia, and *all books for review, manuscripts for publication, and other communications* for the journal, to the Editor, Dr. R. J. McClatchey, 918 North Tenth Street, Philadelphia.

REPORT OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA, for the month ending September 14th, 1877:

| | |
|---|---|
| Number remaining in hospital August 14th, | 4 |
| Number of applications for admission, | 4 |
| Admitted, | 1 |
| Refused (on account of hospital regulations), | 3 |
| Discharged cured, | 2 |
| Died (congenital syphilis), | 1 |
| Remaining in hospital, | 2 |

The diseases treated were as follows:

| | |
|--------------------------------------|---|
| Congenital syphilis, | 1 |
| Anterior tibial curvature, | 1 |
| Coxalgia, | 1 |
| Typhoid fever, | 2 |

| | |
|--|-----|
| Whole number of prescriptions in the dispensary, . | 280 |
| Separate cases treated, | 116 |
| Number reporting improvement, | 99 |
| Number reporting cures, | 33 |
| Number reporting no improvement, | 27 |
| Number not heard from, | 76 |
| Number treated at eye, ear and throat clinics, . | 15 |
| Number treated at surgical clinic, | 22 |
| Visits at houses, | 24 |
| Largest number treated in one day, | 25 |
| Smallest number treated in one day, | 3 |
| Average daily attendance, | 10 |

It must be remembered that the report published in the last number of the journal, included from June 21st, the opening of the hospital, to August 14th, while this report is only of the one month ending Sept. 14th. The work in the dispensary has increased constantly, and is much larger this month than the last.

T. L. BRADFORD, M.D.,

Resident Physician.

THE EYE AND EAR DEPARTMENT OF THE HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.—The following report of the monthly attendance of patients at the Eye and Ear Department of the Homœopathic Hospital of Philadelphia, in charge of Drs. Charles M. Thomas and William H. Bigler, shows a flourishing condition of that branch of the institution.

| 1877. | EYES. | | EARS. | |
|---------------------|-------|------|-------|------|
| | New. | Old. | New. | Old. |
| January, | 45 | 157 | 20 | 92 |
| February, | 50 | 147 | 14 | 61 |
| March, | 41 | 160 | 13 | 40 |
| April, | 35 | 145 | 15 | 55 |
| May, | 48 | 101 | 12 | 50 |
| June, | 36 | 115 | 21 | 90 |
| | — | — | — | — |
| Total, | 265 | 825 | 95 | 388 |
| | | | New. | Old. |
| Eyes, | | | 265 | 825 |
| Ears, | | | 95 | 388 |
| | | | — | — |
| Total, | | | 360 | 1213 |

Operations performed.—Bowman 17; Stilling 3. Squint (convergent), 11; advancement internal rectus, 2; ptosis, 2; pterygium, 2; foreign body in cornea, 5; artificial pupil, 1; cataract (senile), 3; cataract (soft), 1; enucleation, 4; removal of orbital contents, 1. Total 52.

C. M. THOMAS, M.D.

W. H. BIGLER, M.D.

SPIRIT OF THE MEDICAL PRESS.

PYELITIS. Dr. Kafka (*Hirschel's Zeitschrift*, March, 1877).—*Causes.* Pyelitis occurs very frequently from a stone in the renal pelvis (pyelitis calculosa); besides from ammoniacal decomposition of the urine, from stricture of the urethra, paralysis of the bladder, cystitis, hypertrophy of the prostate gland, etc.; also from abuse of an active diuretic. In a series of cases pyelitis is produced secondarily to other general diseases, as in typhus, acute exanthemata, pyæmia, parturition, diphtheria, cholera, anthrax, scorbutus, etc. It is sometimes developed during the course of pregnancy. Taking cold is another important cause of it. Pyelitis often coexists with inflammation of the kidney, especially when dependent upon calculi.

Symptoms.—Acute catarrhal pyelitis is not always characterized by pains in the region of the kidney, which radiate along the ureters towards the bladder and are ushered in by a chill followed by a fever; on the contrary, the mucus, pus and blood contained in the urine constitute an important symptom. There is also found in the urine the characteristic tile-shaped, imbricated epithelium of the pelvis of the kidney, which confirms the diagnosis. In pyelitis from obstruction of the urine and consecutive ammoniacal decomposition, with the albumen, mucus, etc., are numerous crystals of the triple phosphates and bacteria; isolated pus and epithelial cells are not to be distinguished. The feverish and nervous symptoms become prominent (uræmic); later there is headache, delirium, coma, vomiting, diarrhœa, etc. The purulent condition of the urine may at times disappear and the urine become quite clear and normal, when the ureter upon the diseased side becomes stopped by a concretion and the other kidney is healthy.

Pyelitis may, when it becomes chronic, lead to death through fever and marasmus. The extension of the process into the kidneys and their surrounding tissues, the formation of abscesses and their rupture and discharge in certain directions are more menacing and present absolutely more deadly eventualities.

Prognosis is favorable in idiopathic pyelitis of intermittent fever. In the secondary forms the possibilities of cure depend upon the primary disease.

Therapeutics.—My father recommends in his therapeutics, when the pain is violent, Bell. or Atropia sulphate. If the pain be dull and the fever not very violent and at the same time the urine be bloody, Merc. sol. 3 or Puls. 3, and when the quantity of the muco-pus is considerable, Hepar s. render good service. In the chronic form of the disease, which depends almost always upon stony concretions, Lycop. 6, Clematis 3-6, Natrum mur. 6 and Puls., are indicated on account of their efficient diminution of the irritation upon the mucous membrane of the urinary tract, and at the same time of the escape of the mucous and purulent secretions in the urine through their influence. If much pus escape in the urine and the patient emaciate rapidly, Phos. 3-6, two to three doses a day, is indicated; the diet must be highly nutritious. Baehr, besides the above remedies, used Cantharis. In chronic cases Karlsbad waters are especially valuable, as I have already had many opportunities to prove. The baths there act very favorably.

Cases which I have had the opportunity of observing were caused some by uric acid calculi, and others by stricture of the urethra. One case was especially interesting; the urine showed numerous tile-shaped epithelial cells, uric acid crystals and pus-corpuscles. Had been three weeks under treatment; was a hotel-keeper, and accustomed to very luxurious living. I had his diet regulated properly so as not to weaken him,

let him drink nothing but the water of the springs. He became very active and suffered no more pain in the region of the kidneys. Urine became normal. I advised him to abstain from business for three weeks, to take warm sea-baths and to enjoy the sea breezes. He recovered perfect health.—W.

PHYSOSTIGMA (*Idem*).—Accident has again favored our allopathic colleagues. Several physicians of Darmstadt report unanimously extraordinary results with *extract of calabar bean* in the worst cases of conical cornea, prolapse of the iris, especially from operations for cataract and glaucoma, staphyloma from glaucoma. The proper cause and explanation of its action is that the medicine greatly increases the pressure in the vitreous, and on the contrary diminishes it in the aqueous chambers. Atropia produces exactly opposite effects, and, therefore, often has an unfavorable influence upon severe ocular diseases accompanied by increased tension.

The action of calabar extract in simple glaucoma will contract the pupil and cause a backward pressure. The extract is ten to fifteen times weaker than eserine (the alkaloid). One drop of a one per cent. solution of the latter produced after five to eight minutes a narrowing of the pupil, and after twenty minutes a maximum contraction of it; this continued for ten hours, and some action continued for three days.

That Physostigma is a highly important eye remedy and will become more so, may therefore be fairly predicated. It is therefore desirable to have more certain indications for its use and most careful homœopathic provings of this new eye remedy.—W.

BALSAM OF PERU. Dr. E. Wiss (*Idem*).—I have treated all incised and lacerated wounds, and those with loss of tissue and suppurating, with this balsam, and had rapidly curative results. When it is placed upon a wound there occurs immediately a burning sensation, then all pain, even the sorest and most violent, ceases. In recent wounds no inflammation shows itself during the treatment, and when inflammation has already set in it rapidly abates. No suppuration occurs, and in suppurating wounds the pus soon disappears. No wound takes on a septic character even under the most unfavorable local and climatic conditions.

In all cases, even in lacerated wounds, healing takes place by first intention, which occurs under no other mode of treatment. For example, a ragged scalp wound with exposure of the skull, which was cleaned and into which the balsam was poured and the part covered by a compress, had the next day partially and in two days completely healed. I know no explanation for such a fact. In two other cases the same results were observed. The deficiencies of the wounds were uniformly filled up by a furrowed elastic tissue, as a smooth, uniform, even luxuriant growth, a cement, and thus promoted healing.

Paronychia was treated by the balsam and cured quicker than by any other application. This property is especially important in cases where there are exuberant granulations, chronic inflammation and suppuration. The balsam is also useful in catarrh of the bronchial tubes and other respiratory passages.—W.

MAY COITUS BE RECOGNIZED WITHOUT EXAMINATION OF THE GENITALS. Dr. Preismann (*Idem*).—The writer relates that he was in a condition to state the time approximately at which a person had had coitus, provided six hours had not passed since the consummation of the act. There adheres to the expired air of a person practicing coitus a *fluid* (odor), which he cannot clearly describe, but which, when present to the sense of smell, is an infallible sign of completed cohabitation.

About three and a half months ago the author had asserted the inno-

cence of a dandy, who had been accused of rape, committed two hours before, because the man did not have the "fluid" in the air expired. A thorough examination with quite negative results and other evidence, established the innocence of the man and confirmed the first assertion in a most brilliant manner.

After a year's observations the author arrives at the following conclusions:

1. The younger the individual is the less pronounced is the odor; it begins at the age of 8 to 11 years in the female, but much later in the male sex (with puberty).

2. From the beginning of puberty the effect (odor) increases in both sexes without exception with the age.

3. It reaches its maximum in man about the thirty-fifth year, from which time a constant decline becomes perceptible.

4. Woman, on the contrary, shows the peculiarity of a like intensity until the climacteric period; after this it is no longer perceptible, whilst in man it continues through life.

5. The so-called abnormal breath is entirely lost six hours after coitus.

The cases upon which the writer based his conclusions were clear, free from every complication, every anomaly of the glandular apparatus, caries of the teeth, catarrhal throat affections, etc.

The *puella publicæ* were distinguished by a permanent "coitus odor," and the author diagnosed one of them at a distance of from four to six paces.

The odor diminished every hour and with every respiration after cohabitation. Concerning the specific nature of the same he cannot yet assert anything with certainty.

Menstruation had a similar characteristic, and he was able to foretell its occurrence five to twelve hours previous to its appearance.—W.

THERAPEUTIC ACTION OF CINA AND SANTONIN. (*Idem*, July, 1877.)—Dr. Mossa reports the following cases:

- I. A three year old boy fell sick, with symptoms indicating inflammation of the brain and intestines, and was treated antiphlogistically. He received later, from a homœopath, Ipecac., Bell., Sulph. His condition improved, but the abdomen remained swollen and hard, and delirium supervened. Cina, 12 \times , one dose in three ounces of water, was prescribed, and one tablespoonful given every three hours. The second day the abdomen became soft, there were two fecal evacuations, the mind became cheerful, and upon the third day he was well.

- II. An otherwise healthy girl of three years of age, who had often discharged round worms, had been sick five days, and was treated allopathically. She lay in bed with fever and restlessness; she threw herself from one side to the other of the bed, would not remain covered, and sometimes had violent delirium. The face was occasionally pale and tawny, then red and hot; the pupils were dilated; there was constant itching at the end of the nose; the breathing was with mouth open because of stoppage in the nose; the tongue was covered with white tenacious mucus; respiration was short, often interrupted by a dry cough; the abdomen was hot and swollen; there had been constipation for two days; the urine was white and turbid, and there was screaming during sleep.

Cina 1 \times relieved the disease entirely by the next day.

- III. A boy, æt. seven years, blonde, formerly in good health, had often suffered during the year from pain in the head, stomach and abdomen, and from a diarrhœa with discharge of round worms.

Two weeks before he had taken cold, and had fever, thirst, headache and sore throat, then diarrhœa and a discharge of worms. There was, when seen, a congestive headache, itching of the nose, dilated pupils,

tongue covered with mucus, no thirst and no appetite. The abdomen was swollen, tense, painful on pressure; he had had, during the day, four or five painless mucous stools, and a loose cough with whitish mucous expectorations; there was moderate perspiration.

Cina 1 \times , one drop every three hours. The diarrhœa and its accompanying symptoms were cured in three days, and the bronchial catarrh in six.

Not all pathological states which have been ascribed to the presence of worms in the intestinal canal are really dependent upon them. To deny the connection between worms and certain appearances of disease, if one has not confirmed it by finding the *corpus delicti* in the excretions, is a sign of modern skepticism. If it is of no consequence whether worms have been found in the fœces or not, their presence is not necessary for the choice of a remedy; the totality of the symptoms lead us to Cina, and we see after its use the symptoms disappear, with or without a discharge of the supposed intestinal parasite. That our Cina, through its relation with the worm symptoms, and sometimes reflex action, is a child's remedy of the first rank, has been proved clinically. It has proved of especial value against the *ascaris lumbricoides*, *ascaris oxyuris* or *vermicularis*, and has even been used against tenia. A few clinical histories may illustrate the statements.

I. A boy, nine years old, of delicate constitution, often fell sick with cuttings in the abdomen, vomiting and fever, and discharged ascaris. He had blue rings around his eyes, itching of the nose, and talked and became frightened during sleep. In the last attack he had had spasmodic cough, nausea and vomiting of a greenish mucous fluid, quick short breath, cutting pains about the umbilicus, aversion to all food, increased thirst, pressing pain in the forehead, shivering and great feebleness.

After Cina 9 \times improvement occurred within a few hours; the next day he was well and did not relapse.

II. A girl, eleven years old, well built, scrofulous in infancy, had been subject to convulsive movements of the head and limbs of the left side, like St. Vitus's dance, at certain times of day and night. They lasted from a quarter to half an hour, and were preceded by weeping and screaming. She complained often of pain in the brow, and around the umbilicus. The pupils were dilated, there was itching of the nose, a great appetite, normal thirst, the stools were hard and the urine opaque.

Cina 1 \times , one drop three times a day, cured the case within twelve days.—W.

NEURALGIA. Dr. Heyburger (*Idem*, July, 1877).—The homœopath believes himself about a century behind the times when he hears the shouts of victory resound from the allopathic camp. In treating this disease his happy allopathic colleague is, with the hypodermic syringe filled with morphia or atropia in his hand—a god!

Every neuralgia finds its quietus by a puncture, artificial and comfortable for the patient and doctor. Without any fatigue over the cause, origin and symptomatology, the syringe is applied and a deadly poison forced into the organism. If many of these poor sufferers knew the early or late consequences, they would show the officious doctor with his syringe the door. The cure is not radical, the disease is only palliated, the pain returns, and at last the patient is doomed to continual injections till his death. As we hurrah for the other side, we will follow the advice of our master: "Präfet Alles, das Best behaltet!" (Prove All, Keep the Best!)—W.

(*Idem.*) Dr. Clotar Müller has been sick of a pneumonia, and by advice of his physicians must give up all business and seek a winter residence in the South. The *Inter. Hom. Presse*, of which he is editor, will continue to appear.—W.

SPEECH OF DR. GOUNARD. (*Bibliothèque Homœopathique*, May, 1877).—La Société Hahnemannienne Fédérative celebrated the one hundred and twenty-second anniversary of the birth of Hahnemann by a feast of reason and flow of soul, "along with a good dinner." Dr. Gounard *inter alia* said: The homœopaths of the heroic age were excommunicated by the orthodox, who were right in doing so, because they feared them. The orthodox have not relieved us from the great expulsion, but under color of a truce, they hope and prepare very quietly for our silent extinction. Wherefore is this difference? Our seniors did not let themselves forget; they never were disarmed; they carried constantly the war into the territory of the enemy.

Let us recognize for ourselves, that our humor has become pacific, that we dread the noise and seem to acquiesce quietly in a molecular absorption, which would cause to enter into the great medical current these somewhat heteromorphic elements.

We are no more a bugbear for the doctors. Is it necessary to congratulate ourselves for it? They familiarize themselves with us even to fumbling in our pockets; little by little our gold crosses the frontier of the enemy to be beyond melted down and stamped as a new coin. Without doubt it is always a precious metal, which continues to circulate under this false coinage, but I consider it our duty to exert a claim in the name of truth and justice. Let us proclaim our rights, let us preach, if we do not want to be dupes and accomplices. The domain already conquered should not be sufficient for us, because, if it does not increase, it will fatally diminish. I know well that we possess hospitals where these doctors are prevented from entering; we write for journals of which three hundred readers at least appreciate their merits; we hold an annual banquet, which has all the attractions, comprises the mysteries and the absence of the police. We ought according to my mind to desire something else, and I drink to the *institution of a school of homœopathy*.—W.

VARIETIES (*Bibliothèque Hom.*, Juillet, 1877.)—At a séance of the French Associations for the Advancement of the Sciences, M. Claude Bernard made an interesting communication. He said if one examine vegetable tissues, one notices that their activity is suspended or even finally arrested by the same agents which produce in animals a suspension and arrest of functions. In other words, anæsthetics, such as ether, chloroform, etc., suspend in animals the phenomena of sensibility, and gradually suspend equally and suppress all manifestations of activity in their different tissues. I have this year repeated the experiments already known upon sensation, and followed researches tending to establish the action of ether and chloroform upon vegetables.

Not only sensation, but vegetation and germination were suspended by these agents, which one considers ordinarily but as specially applicable to animals, that is to say, to beings truly sensitive.

Physiologists take, and ought to take, the word sensibility in a sense much more extended than the philosophers. These, except a few, consider sensibility as implying consciousness; physiologists, forced to study this sensibility in the whole series of animals, see that the consciousness of pleasure or of pain marks the highest grade of sensibility, a degree which man possesses and which the animals near to him also possess; but one should recognize that all the other attributes of sensi-

bility persist in the absence of this consciousness, and that this property becomes less in the animal series without our being able to determine that it ever disappears.

Vegetables show reactions which merit a connection with *sensibility*, and this expression may be replaced to advantage by the word *irritability*, which one meets in physiological treatises.

I consider ether and chloroform as the reagents of life, and one knows by his experience, which proves that the germinative faculty is hindered by the action of ether.

M. Bernard, referring to late researches, which have brought about the discovery of a gelatinous material in the deepest parts of the ocean, and to which the name of *Bathybies* has been given, cites experiments which seem to establish the fact that anæsthetic agents cause a coagulation of the *protoplasm* of the cells and tissues; it is protoplasm which forms the bathybies, and, if it were necessary to localize life, it would no longer be with Descartes in the pineal gland or in any organ whatsoever, but in the protoplasm of each anatomical element; anæsthetic agents which act upon the protoplasm become thus the true reagents of life. In support of this view, he describes the action of ether upon the yeast plant in beer, and distinguishes its two effects, viz., the suspension of action of the alcoholic ferment, and the absence of action upon the opposite or retrograde ferment.—W.

A CASE OF PRECOCITY.—Dr. Lostelot, Paris (*El Criterio Médico*), reports the case of a child five years old who possesses all the attributes of a well-developed woman. She weighs fifty-five pounds. At the age of twenty-two months she began to menstruate, and has continued regular ever since. Her appearance and expressions are more serious than those of children of her age, and she never joins them in their amusements.

El Criterio Médico for August continues the publication of Prof. E. A. Farrington's article upon *Natrum phosphoricum*.—W.

The Chemist and Druggist, London, August, 1877, advertises "Allopathic cocoa, cibum, medicina, bibum."

What a dose!

Also "Vinum minime fermentatum for sacramental purposes." We prefer ours *maxime* this side of the water.

"**APPOLLINARIS**" and "**Hunyadi János Waters**" are the new laxative-purgative cure-alls indorsed by the names of great allopaths from Sir Wm. Ferguson to Sir L. A. Sayres.

WE are glad to see that the English publishers have courage enough to insert the advertisements of homœopathic pharmacies, and that of the new London school *in extenso*, notwithstanding the illiberality of the fossilized *London Lancet*.

How superior to toothache drops must be "Odontalgic Essence."

THE Winter Session of the London School of Homœopathy commences October 2d.

THE ghost of Edgar A. Poe can find "Nepenthe" in the London drug-houses.

THE HAHNEMANNIAN MONTHLY.

Vol. XIII. Philadelphia, November, 1877. No. 4.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE autumnal quarterly meeting of this Association was held in Syracuse, September 20th. Present: Drs. Swift, Wells, Hawley, Brewster, J. G. Bigelow, Frank Bigelow, Schenck, Spooner, Benson, Frye, Sullivan, Kinney, Seward, Chase, Squier, Nottingham, Southwick, Garrison, Emens, Boyce, Nash, Ball, Frantz, Parsell, Goodell and Miller.

As usual in this Society, the proceedings were characterized by the most perfect harmony and unanimity.

President Swift called the meeting to order.

THE CENTRAL SOCIETY ON THE MANAGEMENT OF THE MIDDLETOWN ASYLUM.

The order of business was suspended to consider miscellaneous matters. It was generally understood that there was, as usual, some serious trouble in the management of the Middletown Asylum, in which all the members felt a deep interest, and for which many of them had subscribed funds originally to establish the institution. They all felt indignant that in every instance these difficulties arose from the discreditable interference of a bogus homœopathist who had been unwisely trusted with official position.

Dr. Wells reported the situation of things at the asylum. Dr. Paine's son had been appointed one of the resident physicians contrary to Dr. Talcott's wishes. Dr. T. threatened to resign unless he could appoint his own medical assistants. Dr. Wells said that the Board of Charities were about to meet

at Middletown with the design of ferreting out the cause of the trouble, and to report the same to the governor of the State, and that one of the board, though an allopath, desired the homœopathic profession to give an expression of opinion in the matter. He, therefore, offered the following

Resolutions on the Management of the Middletown Insane Asylum.

WHEREAS, An institution has been established at Middletown for the treatment of the insane in accordance with the law of cure, therefore

Resolved, That it is the duty of all true friends of homœopathy to give said institution their undivided support.

Resolved, That the successful treatment of the insane in said institution, as reported by Dr. Stiles, late superintendent, confirms our confidence in the superiority of potentized remedies.

Resolved, That to carry out to complete success the benign design of its founders, and of those who contributed of their means to secure its organization, it is especially necessary that its officers should be of the same faith.

Resolved, That we have full confidence in the ability of Dr. S. H. Talcott, its present superintendent, and to secure the full benefit of his labors it is necessary that he should have the power to appoint his medical assistants.

Resolved, That the conduct of Dr. H. M. Paine, while chairman of the Committee on Legislation, in connivance with others, caused to be erased by a legislative trick the clause in the charter requiring "all officers hereafter to be appointed to be adherents of homœopathy," thus causing the removal from the board of those who were true to the principles and practice of homœopathy.

Resolved, That this violation of official trust, with his recently published denunciation of the use of potentized medicines in the treatment of the sick, renders him an unfit person to be a member of the board of trustees, and that his resignation would be most acceptable to the friends of homœopathy throughout the State.

Resolved, That Dr. H. M. Paine is not in any sense a representative of either the principles or practice of homœopathy.

Dr. Hawley said that H. M. Paine was the greatest enemy of homœopathy in this State. He heartily seconded these resolutions.

Dr. Brewster said that this asylum was established as a strictly homœopathic institution, and that its managers should be in sympathy with this design. Dr. Stiles, while he was superintendent, required his assistants in all cases to consult him in the treatment of the inmates. If the superintendent cannot control the medical department there is no need of having a physician to occupy that position. There should be perfect harmony between the superintendent and his assistants.

Dr. Wells said that Dr. Paine, as one of the trustees and a member of the legislative committee, had attempted to subvert

the original plan of this institution. He desired an unequivocal expression of opinion on this subject.

Dr. Schenck reported the action of the State society censuring Dr. Paine for treachery in regard to the asylum. But at the last meeting a motion was adopted not to publish these proceedings, in consideration of Dr. Paine's personal feelings.

Dr. Miller. It was distinctly understood that Dr. Paine had agreed to resign his position as trustee of the asylum, but he never did. His excuse was that the balance of the board did not wish him to resign.

Dr. Brewster said that while secretary of the State society, Dr. Paine had erased from the constitution the law of cure.

Dr. Swift never had any confidence in Dr. Paine.

The resolutions were unanimously adopted.

On motion of Dr. Benson, Dr. Wells was appointed a committee of one to visit Middletown and meet the Board of Charities, to present these resolutions for their consideration. He was authorized to inform them that this society represents homoeopathy in nearly twenty counties of this State. In case of inability to attend he was authorized to appoint a substitute.

Dr. Hawley then read Paine's resolutions entitled "Transcendentalism in Medicine," and proposed the following resolutions:

Reason and Toleration in Medicine.

WHEREAS, This society accepts the law of the similars as the law of cure; and

Whereas, The theory that the causes of disease are dynamic is proven by the facts of miasms and contagions, which, as held by all schools of medicine, are admitted to be often "inappreciable in quantity;" and

Whereas, The cause of their cure must also be dynamic; and

Whereas, The only foundation of science is acknowledged to be an unbiassed observation of the facts of things and never mere theories; and

Whereas, The efficacy of remedies "so reduced by potentization as to be inappreciable in quantity" can be proved or disproved only by careful and candid observation, therefore

Resolved, That to exclude from the records of our societies the reports of such observations of facts is not only wholly unscientific, but even its attempt is evidence of a spirit of bigotry wholly incompatible with the progress of science. Further,

Resolved, That all imbued with this spirit can be spared from our societies, and that they are hereby advised to go coddle themselves in the bosom of those older organizations whose disrespect they so much fear, who, holding that they alone are the foundation and source of "rational medicine," have always been distinguished for their rejection of all facts which seem to disagree with their theories. And further

Resolved, That we urge upon our State society and all other organizations having for their object the advancement of medical science, that they receive into and publish with their records all well-observed facts relating to that science.

Dr. Miller seconded these resolutions and read the following

PAINFUL DEVELOPMENT OF PROFESSIONAL INTOLERANCE.

A Case of "Complete Ossification of the Intellectual Faculties."

BY H. V. MILLER, M.D.

The preamble and resolutions on high potencies recently presented to the Albany County and to the Northern New York Homœopathic Societies, and adopted by them, manifest a spirit of professional bigotry and intolerance worthy of modern allopathy. Possibly these societies adopted said preamble and resolutions without due consideration.

The author admits that the question of dose is a "non-essential" matter, and that a great diversity of opinion exists among honest homœopaths in regard to the efficacy of high potencies. If the question be really non-essential there is no occasion for complaint, and any one can if he chooses use the whole scale of potencies in practice, as Hahnemann did in his later years.

Without claiming to have had any fair experience, but arguing from the allopathic standpoint, he denounces high dilutions as unscientific and inert, and stoutly asserts that these seldom or never cure, notwithstanding the experience and testimony of many of the best men in our ranks. But if inappreciable doses be absurd and inefficient as he states, then the dose question is not "non-essential" as he admitted.

He "entertains serious doubts" about the accuracy of different attenuations, and urges that these "ought not to receive the approval of the profession until a uniform system of preparation be adopted." But what is the use of having a "uniform system of preparation" when any and all such preparations are condemned in advance? He has already decided that they are all a humbug.

He complains that the publication by the State society of any reported cures by inappreciable doses (say above the third) would be "discourteous" to such skeptics as himself, who have very tender susceptibilities. Hence he modestly requires the State society "to refuse to publish" such clinical reports, and ignore the experience of such men as Hahnemann, Hering and Dunham, who are quite as good authority on the dose problem as one who has had only a one-sided experience in the matter.

And finally, he appears to be terribly afraid, poor soul, that "discredit will be brought upon homœopathy," should

the State society continue to publish any clinical reports that do not suit him.

After being censured by the State society for treachery to the cause of homœopathy while occupying an important official position, it is remarkable how much solicitude he seems to cherish for the reputation of our school, fearing, as he states, that these inappreciable doses will "jeopardize his reputation" among his allopathic neighbors.

Dr. Swift was not surprised at Dr. Paine's recent action. The homœopathic physicians of this State had been imposed upon by Dr. Paine more than by any other man, and he should be repudiated by all homœopathic physicians.

Drs. Hawley, Wells and Seward, from cases coming under their observation, gave examples of Dr. Paine's method of prescribing, which was far from being homœopathic. Dr. Hawley was sorry that Dr. Paine ever pretended to be a homœopathist.

Dr. Brewster rejected Dr. Paine as a dabbler in Middletown Asylum matters.

Dr. Hawley said that Dr. Paine was the head and front of the management of the asylum. In the board of trustees he stands as the representative of homœopathy.

Dr. Boyce felt rather despondent in regard to this matter. It seemed almost impossible to get rid of this nuisance. He said that the only effectual method of getting rid of him was to serve him as Sinbad the Sailor served the old man of the mountain—get him intoxicated and then beat his brains out.

The Hawley resolutions were then unanimously adopted.

On motion of Dr. Hawley, a copy was ordered to be sent to each of the following homœopathic medical societies: The Northern New York, the Albany County and the New York State, and a copy to Superintendent Talcott.

Dr. Hawley offered the following resolution of sympathy, which was unanimously adopted:

WHEREAS, This society has learned with grief of the sad bereavement of A. R. Morgan, one of its projectors and founders, in the loss of his only son and only child,

Resolved, That we heartily tender to him and to his estimable wife such consolation as may come from knowing that they have our tender sympathy in this greatest of losses.

Dr. Hawley said that Edward Morgan was one of the most charming youths he had ever known. He could not withhold his tears.

Dr. Wells expressed much sympathy for Dr. Morgan's be-reavement.

Dr. Miller then read the following paper :

SALIENT POINTS OF THE ACIDS.

BY H. V. MILLER, M.D.

1. *Benzoic Acid.*

Benzoic acid acts prominently upon the kidneys, and it has as fundamental symptoms, *very deep-red* and *very strong-smelling urine*. Such urine has a high specific gravity, and it contains an excess of urea. Apis, Kali bich. and Nitric acid have strong-smelling urine.

When its characteristic urine is present, Benzoic acid is of extensive application in the treatment of diseases, not only of children but also of adults, proving curative in headache, sore throat, quinsy, dropsy, rheumatism, and in diarrhœa of children with copious watery and offensive discharges.

In Benzoic acid subjects, the uric acid contained in the urea may unite with soda, forming urate of soda, and thus produce nodes and gouty concretions in the joints of the upper and lower extremities. And these concretions may occasion cracking in the joints on motion. In a case of chronic rheumatism, with painful nodes in the finger-joints, cracking on motion, and deep-red and strong-smelling urine, this remedy relieved the pain after various other apparently indicated remedies failed to produce any amelioration. By acting upon the kidneys it produced a more copious flow of urine.

2. *Fluoric Acid.*

This remedy affects particularly the hair-follicles, the eye, the ear, the genital organs and the periosteum. It gave a prover "an increased ability to exercise his muscle without fatigue, regardless of the most excessive heat in summer or cold in winter." Weariness, languor and lassitude are also pathogenetic. It antidotes and follows well after Silicea.

Cocœa enables the South American Indians to climb the Andes without fatigue. In this property it resembles Fluoric acid.

3. *Lactic Acid.*

The provings of Lactic acid indicate that it is an important remedy, both in muscular and in arthritic rheumatism. While

in gout Lithic acid is said to exist in the blood in excess, it is claimed that Lactic acid exists in excess in cases of rheumatism. In several experiments made upon dogs by the subcutaneous injection of Lactic acid, endocarditis, implicating the various valves, is said to have been repeatedly produced. In the human provings, however, when taken internally, the drug has not developed any symptoms of valvular disease. But in these provings the perspiration is acid and profuse; the urine is clear or high-colored and frequent, and profuse or scanty; there are rheumatic pains and soreness in the muscles of the chest, back and extremities; rheumatic inflammation of the elbows, knees and small joints of the upper and lower extremities, worse at night and from motion, and fever, with headache and flushes of heat. Its "severe, sharp cutting or sticking pain in the upper third of the right side—worse from motion, most relief from folding the arms across the chest"—was relieved by Bryonia, but the side remained very sore.

4. *Muriatic Acid.*

The anal symptoms of this remedy are the most prominent. It is distinguished from nitric acid on account of excessive soreness; the piles cannot bear the slightest contact, even of the sheets. This peculiar symptom may occur as a concomitant, either in leucorrhœa with backache, or in menstruation which is too early and too profuse, the patient being very sad and silent, as if she would die. *Natrum mur.* also has great sadness during the menstrual period, with much palpitation and morning headache.

Causticum has piles and fissures rendered painful by touch and walking.

Muriatic acid has intolerable anal itching, not relieved by scratching, and it has prolapsus ani while urinating. *Podophyllum* has prolapsus ani with stool, even from the least exertion.

Muriatic acid has fetid breath.

In typhus it has stupid sleep, great prostration, lower jaw hanging down, involuntary stools and urine, and sliding down in bed.

5. *Nitric Acid.*

While Muriatic acid acts prominently upon the lower extremity of the alimentary canal, Nitric acid acts prominently upon either extremity.

It cures mercurial salivation and ulceration of the mouth, and other diseases of a mercurial origin. It also cures various anal diseases, including piles, fissures and prolapsus, with much pain and smarting in the anus and rectum (see Muriatic acid). It cures diarrhœa with most violent cutting pain after stool, continuing for hours.

One of its most prominent symptoms is, urine intolerably offensive and strong, like that of horses (Apis, Benzoic acid, Kali bich.). It is indicated when the menses are too early and too copious, with intolerably strong-smelling urine.

6. *Sulphuric Acid.*

This remedy cures aphthæ, not in all cases, but when the mouth is very painful and the child is very weak. Almost all the complaints curable by this remedy are attended with great debility and nervous prostration, but generally there is also a sensation of trembling all over the body without visible trembling. When characterized by great general debility and this peculiar sensation of trembling, it cures diarrhœa, menorrhagia, metrorrhagia and climacteric flushes of heat. The menorrhagia is preceded by distressing nightmare.

7. *Phosphoric Acid.*

As a remedy in diseases characterized by great general debility, Phosphoric acid ranks with China and Ferrum. As contrasted with China, Hughes distinguishes its curative sphere as that of nervous prostration without erethism. Besides great prostration, it has great emaciation. The waste of tissue exceeds the repair. The primary cause of the complaint is protracted grief or sexual excess, or both of these causes may be combined. In Ignatia there are sadness with sighing, and an empty feeling in the pit of the stomach. Calcarea phos. is another remedy for ailments caused by grief or disappointed love.

In Phosphoric acid the excretions from the various outlets of the body are generally excessive.

On account of nervous irritation, there is an excessive secretion of colorless urine. This symptom, with pain in the liver, may accompany too early and too protracted menses.

It has bad effects from sexual excesses, particularly with debilitating night-sweats.

The leucorrhœa is profuse, with itching some days after the menses.

The uterine ulcer has a copious, putrid, bloody discharge, with itching or corroding, and with pain, or without pain.

The diarrhœa is copious and watery, with rumbling in the bowels; but though protracted, the diarrhœa may not be debilitating.

8. *Pieric Acid.*

Pieric acid is remarkable for having in the animal provings actually produced cerebral softening. In two test cases this result was revealed by post-mortem examination. The cerebrum was, however, less affected than the cerebellum, medulla oblongata and upper portion of the spinal cord. Previous to death there were spasms in the muscles of the back and extremities, defective co-ordination, and progressive general paralysis, symptoms characteristic of the softening. In the human provings the symptoms, so far as developed, corresponded, indicating that the principal lesion was located at the base of the brain. There were heavy throbbing and terrible pains in the cervical and occipital regions, extending down the spine, and forward in the course of the supraorbital nerves, and into the eyes, with dilated pupils, conjunctivitis, lachrymation, blurred vision and myopia. There were also the following symptoms, which Hammond states are seldom wanting in cerebral softening: *dull, heavy frontal headache, vertigo, fulness*, and sensation as if the brain were too large for the cranium—corresponding to a sensation of *constriction* around the head. In these provings no mention is made of impaired memory, another characteristic of softening, especially when this defect is progressive. But the following characteristics were developed: Great indifference; lack of will-power to undertake anything; disinclination for mental or physical labor; great heaviness and weakness of the lower extremities; heaviness of the legs, as if made of lead; coldness of the extremities; numbness of the legs; lassitude and general debility.

The headache is relieved by pressure. The rheumatic pains are relieved by sitting still, and they are aggravated by the least motion and from getting up.

The urinary and sexual symptoms are noteworthy. Both the urine and the fœces are passed with burning and smarting at the orifice (Aloes). The urine is profuse and light-colored, or normal in quantity and high-colored. In the latter case its specific gravity is somewhat increased. In the kidneys there are severe dragging pains extending up the back; and there is great sexual desire, with violent erections and seminal

emissions, corresponding to satyriasis. With this remedy, in the 3d dilution, Prof. Allen reports a case of satyriasis of three years' standing cured, and two cases of motor asynergia benefited.

9. *Comparison of the Acids.*

Benzoic and Nitric acids both have strong-smelling urine, but the odor of that of the Nitric is intolerably strong.

Muriatic and Nitric acids have an affinity for anal diseases, but those of Muriatic acid are characterized by excessive sensitiveness to contact.

When specially indicated by the symptoms in certain cases of each disease mentioned below, the following groups of acids will prove curative:

Nitric and Sulphuric in stomachache.

Muriatic, Sulphuric and Phosphoric in various forms of debility.

Benzoic, Nitric, Sulphuric and Phosphoric in certain forms of diarrhœa.

Benzoic and Lactic in some forms of rheumatism.

Benzoic, Fluoric and Phosphoric in leucorrhœa.

Benzoic, Fluoric, Sulphuric and Phosphoric in menorrhagia,

And Pieric acid in cerebral softening and various other diseases of the cerebro-spinal nervous system.

DISCUSSION.

Dr. Boyce once gave Fluoric acid to cure genital weakness, but it aggravated the difficulty. He had successfully used Lactic acid in morning sickness.

Dr. Nash had used Muriatic acid successfully in typhoid fever, with hæmorrhage from the bowels. The blood was dark, as if decomposed. The gums were purple and ulcerated.

Dr. Brewster had, with Muriatic acid, 800th, cured a case of typhoid fever; patient moaning; stools involuntary; sliding down in bed; eyes rolled back; tried to speak but could not; tongue and lips dark-colored.

Dr. Swift had with happy results used this remedy, 1 to 6, in typhoid fever and diphtheria, with putrid breath, tendency to slide down in bed, hæmorrhage from the bowels, etc.

Dr. Nash. In Muriatic acid they slide down in bed in a stupid condition.

Dr. Boyce lately met a patient who twenty-six years ago had typhoid fever; a desperate case. According to Hahne-

mann's recommendation, when all remedies failed he used sweet spirits of nitre with the best results. (See Symptomen Codex.)

Dr. Boyce often used Nitric acid with benefit in menorrhagia.

Dr. Nash used Nitric acid in a case of severe and long-continued tenesmus after stool in a case of constipation.

Dr. Swift cured fissure in ano with Nitric acid.

Dr. Nash related the case of a lady who had for a year mourned the loss of her father. Phos. ac. cured.

Dr. Wells used Phos. ac. in typhoid fever, with indifference and stupor, with diarrhœa without debility. Had cured several cases of homesickness with this remedy. Opium also has stupor with indifference, but without the diarrhœa.

Dr. Sullivan was one of the original provers of Picric acid. He used the 30th. It produced great muscular debility and satyriasis.

Dr. Boyce, with the 30th, aggravated a case of general nervous prostration.

Dr. Schenck had used it with benefit in his own case of nervous prostration.

Dr. Boyce had proved Asparagus often, and always found it to produce strong-smelling urine.

Dr. Miller's paper was accepted with thanks.

Dr. Hawley used Muriatic acid in scarlatina, with acrid discharge from the nostrils and coldness of extremities. The intellectual faculties were clear. Before the third dose the nasal discharge had ceased.

In aphthæ, in the orphan asylum, he had found Nitric acid the best remedy, but did not notice strong-smelling urine. He uses Arum tri. in scarlatina with such acrid discharges.

Dr. Brewster successfully used Muriatic acid in a desperate case of diphtheria, with acrid nasal discharge, patient apparently dying.

Dr. Boyce inquired whether it is indicated before such stage of prostration.

Dr. Nash said it was indicated by such prostration. So was Arsenicum. But wait until they are indicated. Unless in malignant cases, these remedies are not often indicated in early stages.

Dr. Garrison said that Arsenicum was used in case of poisoned wounds in the dissecting-room.

Dr. Hawley. It is indicated in a grave case of scarlatina with acrid nasal discharge.

Dr. Boyce. In an epidemic of typhoid, a certain remedy may prove to be suited to the "*genus epidemicus*." Would it be proper to give it as such specific?

Dr. Hawley. The case might call for Bryonia. Then would you give Ars. as an epidemic remedy?

Dr. Swift found Muriatic acid indicated in typhoid fever, etc., of a putrid form.

Dr. Hawley did not find acrid discharges in the early stage of scarlatina.

Dr. Wells used Muriatic acid in typhoid cases, with putrid breath, sliding down in bed, etc.

Dr. Boyce. Dr. Lippe does not prescribe in typhoid fever until he finds the indications for a remedy, and then he gives of a high potency one dose.

Dr. Emens had treated some cases of typhoid fever without medicine.

Dr. Hawley had *cured* cases *with* medicine. But in some cases medicine seems to do no good.

Dr. Boyce related Dr. Lippe's case of typhoid fever treated by Dr. Hering with Silicea, suggested by the sweat (profuse?).

Dr. Benson read a paper on the acids in reference to diarrhoea and cholera infantum, according to Bell.

THE ACIDS IN CHOLERA INFANTUM, DIARRHŒA AND DYSENTERY.

ARRANGED BY P. O. C. BENSON, M.D., SKANEATELES, N. Y.

A Comparison of the Symptoms of Benzoic, Fluoric, Hydrocyanic, Muriatic, Nitric, Oxalic, Phosphoric and Sulphuric Acids, in their relations to Cholera Infantum, Diarrhœa and Dysentery. Taken from Bell.

Size of Stool.

In Benzoic acid, large. Not mentioned in other acids.

Odor of Stool.

| | |
|------------|-----------------------|
| Fluoric. | } Offensive. |
| Sulphuric. | |
| Benzoic.— | Very offensive. |
| Nitric.— | Putrid, fetid, acrid. |

Color of Stool.

Hydrocyanic. }
 Nitric. } Green.
 Sulphuric. }
 Sulphuric.—Saffron-yellow.
 Nitric.—Yellowish-white.
 Fluoric.—Yellowish-brown.
 Oxalic.—Muddy-brown.
 Benzoic.—White or light-colored.

Consistency and Character of Stool.

Benzoic. }
 Fluoric. } Watery.
 Muriatic. }
 Oxalic. }
 Sulphuric. }
 Hydrocyanic.—Liquid.
 Hydrocyanic. }
 Nitric. } Mucous.
 Oxalic. }
 Sulphuric. }
 Benzoic. }
 Nitric. } Bloody.
 Oxalic. }
 Benzoic.—Frothy.
 Fluoric. }
 Hydrocyanic. } Fecal.
 Muriatic. }
 Oxalic. }
 Nitric.—Undigested.
 Sulphuric.—Chopped, stringy.

Time of Stool.

Hydrocyanic. }
 Muriatic. } Involuntary.
 Oxalic. }
 Muriatic.—Without desire, while passing urine.
 Oxalic.—A constant discharge.

Condition before Stool.

| | | |
|--------------|---|--------|
| Fluoric. | } | Colic. |
| Hydrocyanic. | | |
| Muriatic. | | |
| Nitric. | | |
| Oxalic. | | |

Fluoric.—Running pinching pain in stomach and about the navel.

Hydrocyanic.—Cutting in abdomen.

Muriatic.—Rumbling colic.

Nitric.—Drawing pains and cutting in the abdomen.

Oxalic.—Twisting colic pain around the navel.

Sulphuric.—Pressing in the anus.

Benzoic.—Chilliness.

Fluoric.—Viscid tasteless saliva in the mouth. Sensation of distension from flatulence.

Condition during Stool.

| | | |
|-----------|---|--------|
| Fluoric. | } | Colic. |
| Muriatic. | | |
| Nitric. | | |
| Oxalic. | | |

Fluoric.—Pain about navel.

Oxalic.—Colic about navel.

| | | |
|--------------|---|-----------|
| Hydrocyanic. | } | Tenesmus. |
| Nitric. | | |

Benzoic.—Urging.

Oxalic.—Violent urging.

Fluoric.—Protrusion of hæmorrhoids. Prolapsus ani.

Sulphuric.—Burning in the rectum.

Muriatic.—Smarting, burning and cutting in the anus.

Oxalic.—Gripping pains in the anus, so severe as to cause the head to ache, and heat in the head.

Nitric.—Nausea.

Condition after Stool.

| | | |
|--------------|---|----------------------|
| Hydrocyanic. | } | Burning in the anus. |
| Muriatic. | | |

Sulphuric.—Pressing in the anus.

Muriatic.—Protrusion of dark purple varices.

Oxalic.—Nausea.

Nitric.—Exhaustion, irritation and general uneasiness.

Sulphuric.—Empty, weary, exhausted feeling in the abdomen.

General Condition.

Benzoic.—Much exhaustion ; weakness.

Nitric.—Debility ; night-sweat ; emaciation, especially of the upper arms and thighs.

Muriatic.—Sleepiness in the daytime ; sleeplessness at night, with bland delirium and *inclination to slide down in the bed.*

Phosphoric.—Taciturnity or ill-humor.

Oxalic.—Exhilaration.

Aggravation.

Benzoic. }
Sulphuric. } In children ; during dentition.

Fluoric. }
Oxalic. } After coffee.

Fluoric. }
Oxalic. } In the morning.

Muriatic.—In the morning and evening.

Hydrocyanic.—In the afternoon.

Nitric.—After dinner.

Muriatic.—After a meal.

Nitric.—On alternate days.

Fluoric.—On alternate days, a later hour each time.

Muriatic. }
Nitric. } During typhoid fever.

Nitric.—After abuse of Mercury.

Oxalic.—Thinking of symptoms ; of pain from motion, and amelioration of pain from rest.

Skin.

Hydrocyanic.—Cold.

Benzoic.—Perspiration.

Muriatic.—Perspiration during the first sleep before midnight.

Nitric.—Night-sweat.

Nitric.—Pale-yellowish complexion.

Hydrocyanic.—Livid grayish-yellow complexion.

Hydrocyanic.—Sunken countenance.

Head.

Benzoic.—Cold sweat.

Sulphuric.—Cold sweat on forehead when eating even warm food.

Oxalic.—Headache and heat in head during stool.

Nitric.—Headache, aggravated by the jar and rattle of carriages in the street.

Nitric.—Dulness of the head.

Hydrocyanic.—Eyes staring or lightly closed; pupils dilated, sometimes contracted and immovable.

Mouth.

Nitric.—Copious flow of saliva.

Sulphuric.—Profuse flow of tasteless or sweetish saliva.

Fluoric.—Viscid saliva at night on waking.

Muriatic.—Dryness.

Sulphuric.—Aphthæ; vesicles on inside of the cheek.

Nitric.—Ulcers in mouth and fauces; putrid smell from the mouth; sour or bitter taste after eating.

Tongue.

Hydrocyanic.—White and dry.

Muriatic.—Heavy like lead, preventing talking.

Breathing.

Hydrocyanic.—Slow, feeble, moaning or rattling.

Pulse.

Hydrocyanic.—Slow, irregular or imperceptible.

Muriatic.—Weak and slow, intermitting every third beat.

Stomach.

Oxalic.—Very sensitive to pressure; frequent pains and soreness about the navel.

Sulphuric.—Cold water chills the stomach, unless mixed with some alcoholic liquor.

Liver.

Hydrocyanic.—Stitching pain in the liver; distension of the region of the liver, which is very tender to the touch.

Abdomen.

Nitric.—Cutting in the abdomen in the morning in bed;
much flatulence and rumbling.

Feet.

Nitric.—Cold (with colic).

Thirst.

Nitric.—Much thirst.

Hydrocyanic.—Violent thirst. *Drink rolls audibly through
œsophagus and intestines.*

Appetite.

Fluoric.—Diminished.

Sulphuric.—Loss of appetite.

Muriatic.—Aversion to meat.

Nitric.—Aversion to boiled meat.

Fluoric.—Aversion to coffee.

Nitric.—Aversion to sweet things, to bread.

Sulphuric.—Desire for fresh fruits.

Fluoric.—Desire for highly seasoned piquant things.

Nitric.—Appetite for herring, fat food, chalk, lime, starch.

Urine.

Oxalic.—Copious.

Hydrocyanic.—Suppression or retention.

Benzoic.—Very strong-smelling, usually dark.

Nitric.—Dark, with strong smell, or sourish smell, like the
urine of horses.

Dr. Wells presented a paper on Phosphoric acid.

PHOSPHORIC ACID.

BY L. B. WELLS, M.D.

This remedy, which is applicable to various forms of disease, requires a careful study. It is especially suitable for a mild disposition, and it has an affinity for the brain, and for the nerves that preside over the digestive organs. Allopathically it is made a leading remedy in the treatment of cerebral and nervous diseases, especially in insane asylums. If allopaths

would apply it according to the law of cure they would have less occasion to realize disappointment in its results.

Before the cholera had reached Germany, in 1831-2, Hahnemann discovered in the reported characteristics of the prevailing diarrhoea a similarity to the provings of this drug, stools liquid and light-colored or gray, painless and often involuntary, not debilitating and not putrid. It should not be overlooked in many cases of infantile diarrhoea or summer complaint.

In typhoid fever with the characteristic diarrhoea, there is stupor, with occasional delirium and sometimes complete unconsciousness. When these symptoms are associated with the characteristic diarrhoea, this remedy has always rendered me good service. With the painless diarrhoea there is always a peculiar rumbling or gurgling as of water in the abdomen.

In debility from the above causes, especially in typhoid fever, it is invaluable. In diseases of children during dentition it deserves special study. In mental sufferings from sorrow, grief or disappointed love it is almost unrivalled; and it has cured many cases of homesickness.

Dr. Wells reported a case of diarrhoea of three years' standing, always coming on after dinner. A few doses of Nitric acid³⁰ cured.

Dr. Nash reported a case of neuralgia from eyes to occiput, worse by looking and after midnight, better from warm applications. Ars. was prescribed; afterwards there was erysipelas of forehead and œdema around the eyes and on forehead. Apis relieved somewhat.

An abscess formed on forehead. Lanced it. On pressing to expel the pus it passed down the posterior nares. The external table of frontal bone was ulcerated through.

Syringing through the opening forces pus and water into frontal sinus and then into the posterior nares. Had had nasal catarrh and nasal polypus. Probably no syphilis. The neuralgia has returned.

Silicea 30th, because very sensitive to cold air, with relief from warm applications. Since last March his pulse is usually over 100.

The discharge has never been offensive. It is greenish-yellow. Not much discharge of blood.

Dr. Stow's cases were read.

CLINICAL CONTRIBUTIONS.

BY T. DWIGHT STOW, M.D.

Clonic Spasms—Belladonna.—Two years since, a little more or less, I was passing the Bowenville section of the Old Colony Railroad in this city, Fall River, when my attention was attracted by the very strange convulsive movements of a man who had been seized by convulsions, which threw him down, and in very dangerous proximity to the railroad track.

He was a man of some 38 years; had hazel or dark eyes and dark-brown hair; dark complexion; somewhat thickly set, and about 5 feet 6 inches in height, and a knife-grinder by occupation. His position was on his knees on the ground, and seated on his legs. There was clonic spasm of the ocular, facial, cervical and omobrachial muscles. His face was red, bloated and distorted; frothy saliva flowed from his mouth; he spat, ground his teeth, snapped and tried to bark and bite like a dog, and growled; he pawed the earth with his clawed fingers and nails, tore up the grass and gravel, and like a dog, with rapid pawing and clawing, dug quite a large hole in the earth, sufficient to hold from ten to fourteen quarts of water. With great fury and force he threw himself full length out and over the track, snapping and clawing at a dog that came up, the dog running for his life, tail between his legs. With the help of two men who had come along, we lifted him off the track, and sat him against a high and light fence, and awaited the return of his normal condition. After a half hour the muscles relaxed, and he was able to speak, the spasms entirely ceasing. I gave him a dose of Bell.²⁰⁰, and requested him to call at my office, which he did the next day. I then put up Bell.²⁰⁰, with directions how to take it, at long intervals.

He told me that while in the Army of the Potomac, during the war of the rebellion, he was bitten in the leg by a small dog, who snapped at him furiously. Some time after that these spasms appeared, and had followed him thirteen years, occasionally (every week) producing the phenomena before mentioned. As a rule, he knows of their approach, though they sometimes come without warning. He would first feel chilly, then dizzy, often had nausea, thirst for water, but with difficult deglutition, and uncontrollable fear; but he was always conscious. The spasms would very shortly culminate, seldom

lasting more than an hour, generally terminating in half that time.

Since that time I have only seen him once. But about four weeks ago I met him on the street, when he introduced himself, asking if I recollected the occurrence and the remedy given. He had no more paroxysms from that date, and has been better altogether, particularly free from a very disagreeable headache he was subject to before the paroxysms, though the paroxysms did not always follow such headache. Was this hydrophobia?

Quotidian Intermittent Fever.—Intermittents do not abound in this section of New England. Nearly all the cases are imported. But they are quite as stubborn as any, and in a marked manner show their obstinacy, even as do other intermittents in other localities, when simply *cut short* or *suppressed* by Quinine and other antiperiodics non-homœopathically used. One of the glories of homœopathy is the record of its power to speedily, safely and permanently cure intermittents, though the subject lives in a miasmatic district or has been nearly ruined physically by frequent suppressions of his malady. Furthermore, the *curative power* of *high potencies* is nowhere better shown.

Mr. William McLaughlin, an Irishman, of some 56 years, lives at Paterson, New Jersey, not far from the Passaic River. That section of New Jersey is very low, flat and very marshy throughout much of its extent. This man has had "fever and ague," or ague and fever, every spring and summer for several years, and each time had it suppressed, or as the doctors often and forcibly say, "had them broken up."

Mr. McLaughlin is tall, straight, has sandy hair, blue eyes, sallow complexion, and weighs about one hundred and fifty pounds. I first saw him July 13th, after he had been in Fall River some three days, and had some four or five paroxysms. He gave me the following statement, since which I have seen him sometimes: Paroxysms daily, and up to July 17th, anticipating, each coming on half an hour earlier, the first three coming on at noon.

Chill.—Preceded by gaping, stretching, shuddering, blue lips and nails, pallor. Chills commencing in the back and running downwards and about him, simultaneously commencing in calves and running upwards; horripilation; heavy aching (cramping) in right buttock; slight headache; desire for heat without relief therefrom; tongue coated yellow; mouth and lips rather dry; no thirst; pulse frequent and small;

long chills; rather worse from artificial heat. *After* the chill, and before the fever is fully established, much nausea, with occasional vomiting of bile and mucus. Gastralgia; dull heavy aching, as of a stone in the stomach. Empty and loud eructations of sweetish gas, sometimes of ingesta. Thirst for much cold water.

Fever.—The fever is gradually ushered in, with a steady merging of the chill into the fever. Great thirst for ice-water; frequent spitting of scanty frothy mucus. Pulse 112, full, quick, sharp, bounding. Headache mainly in vertex and siniput (occiput), occasionally spreading to forehead, then with occasional vomiting. Must lie down when the fever is fairly established, for he has prostration, and it makes him dizzy, sick and faint to sit or stand. Motion also seems to disturb him. Lasts from one to three hours.

After the fever perspiration, particularly profuse in the night. Feels weak and gaunt; thirsty. More perspiration on those parts on which he lies.

After the paroxysms feels a weight or lump in the stomach; looks pale and sallow.

For the last days, from the 17th to 20th of July, the paroxysms have come on much later, and each stage has been shorter and lighter. Have given up to date, July 20th, *Nux vom.*³⁰, during the intermissions, and *Bry.* 6th in aqueous solution every hour through the entire paroxysm. Remaining since July 20th about the same, I reviewed his case and concluded to give *China c.c.* He had but two light paroxysms afterwards, and one of these, the last, was a mere shadow. Since then he returned home and has had no more paroxysms. The main indications for *China* were

1st. Pale sickly complexion.

2d. Great thirst between chill and fever, after the fever and during perspiration. Thirst for cold water mainly.

3d. Profuse perspiration of parts on which he lay.

Dr. Nash reported a case of *ague*, with bone-pains and dull, bilious vomiting. *Eupat. perf.* 3d. Next chill aggravated, but no more paroxysms.

Dr. Kinne reported two similar cases cured by *Eupat. θ.*

Dr. Squier reported the following surgical cases:

CASES IN CLINICAL SURGERY.

BY E. B. SQUIER, M.D.

CASE 1.—E. S., male, age nineteen, student, has suffered

for the past three years from a tumor in the pharynx, developed from the tonsil of the right side, that of the opposite side being normal.

This growth rendered speaking very difficult, and deglutition, except of fluids, almost impossible.

An examination revealed a growth, apparently completely filling the pharyngeal space, extending upward behind the soft palate, downward so far as to hide its lower border, and touching the opposite side of the pharynx.

The growth of this mass had been steady, and during its progress had apparently been encouraged by the incisions and cauteries of the physicians who had been from time to time consulted.

I should have favored the use of the wire *écraseur* or the tonsillotome, if it had been possible to use them for its removal, owing to the great vascularity of the growth, but as neither of these could be used, and as its removal seemed imperative, I reluctantly began the operation with a straight bistoury and a pair of long curved scissors. The operation was tedious, owing to the vomiting caused by the hæmorrhage and irritation of the over-sensitive parts, but the whole growth was finally removed, and the bleeding stopped by gargling the throat with a solution of perchloride of iron. Cold-water compresses were kept upon the neck for a few hours. Acon. *o* in water was prescribed, with milk for food. In two days he could eat any kind of food, and from that time has had no further trouble.

CASE 2. *Glaucoma*.—*Iridectomy*.—C. A. S., male, age fifty-six, civil engineer, for a year past has had the premonitory symptoms of glaucoma, such as the periodic dimness of vision, the halo around a light, and ciliary neuralgia, but had not deemed them of sufficient importance to lead him to consult a physician.

About five months before coming to me, he had an attack of typhoid fever, and, recovering from this, during a period of mental depression caused by domestic trouble, the right eye became very painful, the sight dimmed, pupil dilated, in fact a perfect picture of acute inflammatory glaucoma. After giving his family physician a fair trial, and receiving no benefit from either mercury, blistering or leeches, he came to me.

I found much constitutional disturbance, the conjunctiva injected, pupil dilated and immovable, and presenting the greenish appearance so characteristic of glaucoma. The media were so cloudy as to hide the fundus entirely from view.

The intraocular tension of the globe was much increased. The left eye, except from a slightly increased intraocular tension and pushing forward of the pupillary border of the iris, appeared in good condition.

I advised an immediate iridectomy upon the affected eye, as being the only means by which the intense pain could be stopped and a degree of sight restored. At this time he could with difficulty see fingers at six inches. He consented to an operation, which I performed without ether, removing about one-fifth of the iris.

He received Rhus tox. internally, and cold-water dressings upon the eye, made a good recovery, and at the end of ten days, when sent home, could count fingers at ten feet, and suffered no pain whatever.

An ophthalmoscopic examination at this time being made possible by the clearing up of the media, revealed a considerable excavation of the optic disk.

CASE 3. *Symblepharon*.—*Operation*.—Mrs. S., age thirty, housekeeper, severely burned her left eye by getting a few drops of hot lye into it. Vinegar was immediately applied to the eye, but did not prevent the formation of adhesions between nearly the whole of the upper lid and the globe, and causing total blindness.

Consulting at this period their family physician, he applied a preparation of sulphate of copper and laudanum, which, strange to say, produced no marked benefit.

After going to several other physicians, she finally came to me.

After an examination, and finding that the adhesions were entire, except over a portion of the cornea corresponding to the pupil, I advised an operation, which, being consented to, I performed, under ether, in the direction carrying my knife as close to the cornea as possible, in order to leave but little of the new tissue upon this transparent part.

After clearing the eye from blood, a few drops of oil were poured into the eye; this being repeated hourly for a few hours, with a cold compress over the eye and Bell. 30 internally, comprised the entire treatment, the recovery being rapid and perfect.

CASE 4. *Fracture of the Leg*.—D. H., male, age sixty, farmer, fell from a load of hay, striking in such a manner as to bring the left leg across the right, with the weight of the body above. The force of the fall was sufficient to cause an oblique fracture of the tibia, about two inches above its lower

articulation, of the fibula at a corresponding point, and again at about two inches below its superior extremity.

When seen by me, about four hours after the accident, he was sitting with his leg extended upon cushions, and covered with cloths wet in cold water. The swelling was slight, and the fractures readily diagnosed.

After reducing the fractures, an apparatus for maintaining fixed extension was applied. This consisted of a board long enough to extend from about six inches below the sole of the foot to the waist; near the lower end a crosspiece was attached to keep the limb from being rotated; near the top two holes were bored for the purpose of drawing the ends of the perineal band, used for counter-extension, the extension being maintained by adhesive straps about the foot and ankle, carried through an opening in the crosspiece and made fast to the lower end of the long board. It was never necessary to change this dressing until at about the fifth week from the date of the fracture. I then removed the dressing and put on a starch bandage from the toes to above the knee, and then allowed him to move around with crutches, which he does with facility. The limb is one-fourth of an inch shorter than the other, and shows no deformity.

Dr. Boyce read a paper on Nervous Diseases.

Subject for next meeting: *The Alkalies.*

The Society then adjourned to meet December 2d, 1877.

A REPLY TO SAMUEL SWAN, M.D.

BY S. P. BURDICK, M.D., OF NEW YORK.

EDITOR HAHNEMANNIAN MONTHLY:

In your September number appears an article from Dr. Samuel Swan, of New York, in reply to Prof T. F. Allen, in which reference is made to spectroscopic experiments made by me to determine the relation existing between the *so-called high potencies* of Swan and the centesimal potencies of Hahnemann.

In this reference, through an error on his part, he reaches conclusions which tend to deceive the profession greatly with regard to these relations.

He states, "I protested at the time that these did not represent *my* potencies, and I am not aware that Dr. Burdick has

ever said they did." This "protest" was on the ground that the water was allowed to "trickle" slowly, and not to run with full force under high pressure of the Croton. Still the doctor uses this same experiment, which he states did not represent his potencies, to try to prove that his are high potencies. But in its use he makes errors, which, in order to clearly point out, it becomes necessary to give his process of preparation of potencies, which is as follows :

He uses a potentizing bottle, which is about three inches high, with a bore of about three-quarters of an inch, with a capacity to hold about four hundred minims. Into this bottle he puts one minim of the drug to be potentized, inserts into the bottle, nearly to its bottom, a small tube which is finely perforated for nearly two inches of its lower portion; this tube is connected with a water meter which registers cubic inches. The water is turned on, and for each cubic inch which runs through the meter into the bottle he counts three potencies, up to his 1 M. One hundred cubic inches gives the three hundredth potency of his notation, and three hundred and thirty-three and one-third cubic inches produces his 1 M (1000).

Here the doctor provides a very peculiar and quick method of reaching his M M, which I have never been able to reconcile with the mathematics of my school-days.

He takes one minim of his so-called 1 M, puts it into his potentizing bottle, and runs through $333\frac{1}{3}$ cubic inches, and calls this his millionth potency.

It must be clear to any one that the same process which produced the 1 M potency from an *initial drop of a*, again repeated with one minim of the 1 M (for the *initial drop*, as the doctor terms it), would raise the potency one thousand more of his notation, and only that, which would give the 2 M instead of the M M.

If any one fails at a glance to see the truth of this, they have only to refer to the Hahnemannian centesimal system, and they will readily see that when the thousandth potency has been reached, one minim of it is taken and added to ninety-nine of water to make the one thousand and one, and so on until the full repetition of the process which gave the first thousandth, in the second instance gives the 2 M of Hahnemann, and not the M M.

Now we can readily see how Dr. Swan has made so many errors in his calculations.

The experiment which he refers to (which does not represent

his potencies, the misrepresentation, however, being all in his favor, which I shall fully show in another paper which I am preparing for publication) gave the relations as one is to four; consequently, if we divide one thousand by four it will give the result of *that* experiment, so far as Swan's M potency is concerned, which would make it equal to the 250th centesimal of Hahnemann. Now we have shown above that his MM is really only the 2 M of his own notation, consequently his *so-called* MM would only be equal to the 500th centesimal, instead of the " $357,142\frac{6}{7}$," as stated by him in his reply to Dr. Allen.

Dr. Swan also states in conclusion, "Dr. Burdick and myself propose to make further experiments, *and with my real potencies.*" He further adds:

"The question of potencies and their relative value must be decided by actual use, and these experiments only show the physical ratio of a very low attenuation. The most useful potencies are those so high that all physical and chemical qualities are entirely eliminated."

When Dr. Swan read this paper before the Hahnemannian Society, it was clearly understood that I was engaged in perfecting apparatus for completing the tests with the doctor's *real potencies*. I also corrected an error in his paper with reference to the potency at which the absorption-band disappeared both in his and in the Hahnemannian potencies. He states in his paper that it disappeared in the Hahnemannian "*fifth centesimal*," and in the "*fourteenth*" of his. The facts are, that it disappeared in a little over the *third* of Hahnemann, and in about the thirteenth of Swan. I still have these preparations in my laboratory, bearing the labels placed upon them at the time they were made, with the potencies upon them.

I must confess I was not a little surprised when his paper appeared in your journal with these errors uncorrected.

Now for his statement: "*And these experiments only show the physical ratio of very low attenuations.*"

I grant this to be true, so far as it relates to the centesimal potencies of Hahnemann, but when it is applied to the *so-called high potencies of Swan*, it is quite another thing, for there is abundance of evidence which I am prepared to show to any one who will take the trouble to call and examine for themselves, of the presence of *physical qualities* in his *so-called* thousandth, and I am satisfied that they may be shown far above this, perhaps in his MM.

The discussion of this I shall leave for the forthcoming paper, where the details of all these experiments will be fully given. Suffice it to say, that the experiments with Dr. Swan's *real potencies, made by himself, and stated by him to fairly represent his potencies*, have been completed.

The results show that Swan's M M *cannot exceed the tenth centesimal of Hahnemann*, and is liable to be much lower even than the tenth.

OTITIS MEDIA SUPPURATIVA CHRONICA.

BY WILLIAM E. ROUNDS, M.D.

(Assistant Surgeon New York Ophthalmic Hospital.)

It is rarely that a chronic discharge from the ear is met with that is not the result of a diseased condition of the middle ear. I have seen a few cases of chronic suppuration of the external auditory canal, uncomplicated with disease of the same name in the middle ear, but they are comparatively harmless and easily cured. Such is not the case with the first-mentioned disease. Of a very serious nature, laying its victim bare not only to the loss of many of the pleasures and comforts of life but to a painful death likewise, it requires patient perseverance on the part of the patient, no less than the physician, to effect a cure. The disease usually originates in an acute suppurative inflammation, which, by *neglect*, is allowed to become chronic. (I believe that a *properly treated otitis media suppurativa acuta* rarely becomes chronic.) I have seen a number of cases, however, which have assumed the chronic form from the very commencement, beginning without pain and exhibiting at once the characteristic stubbornness to treatment. All these cases have had an abundance of symptoms of scrofula. I have observed that these cases yielded more gracefully to internal medication *without* local treatment than did the apparently non-scrofulous ones. I think it has been my experience, also, to see the former class, more than the latter, benefited by the higher potencies. As a rule the only object which the patient has in coming for treatment is the cure of the discharge, which has come to be a nuisance. There is always loss of hearing power, though the amount lost varies greatly in different patients. Some never suffer from earache; others have pain at times, which is followed by an increase of the discharge. When the membrana tympani has been nearly or entirely destroyed, and thus a free exit to the accumulating pus provided

for, pain is a rare concomitant. When the perforation is small, or when there is none at all, every cold which the patient gets increases the accumulation in the tympanum, and by pressure causes pain. The discharge varies in quantity, color and quality, the different conditions of which will be spoken of when we come to "indications for remedies." We sometimes find the patient pale and debilitated, at other times with no constitutional disturbance apparent. With some the auricle and meatus will be excoriated and extremely sensitive, and in other cases not at all. The external auditory canal is filled wholly or in part with pus. When this pus is removed the canal may be seen red and irritable, especially at the internal extremity, near the membrana tympani. The membrana tympani is usually entirely destroyed or defaced by a large perforation. Sometimes, though, it has a soft, soggy appearance, and pus can be seen oozing through it like water through spongy leather.

If the Eustachian tube is pervious, by causing the patient to perform the Valsalvian experiment, and at the same time illuminating the membrane, pus can be seen bubbling over into the canal through the perforation. When the pus is not too abundant a whistling sound is produced when this experiment is performed. By wiping away this pus with cotton, or washing it away with water from a syringe, we expose what part of the membrane may be left. It looks swollen and injected in streaks, and around the edges of the perforation may be seen the ulceration in progress, when the perforation is sufficiently large, or beyond can be seen the inner wall of the tympanum, either ulcerated and covered with pus or swollen with granulations. These granulations sometimes are so exuberant as to fill the cavity of the middle ear, and even protrude through the perforation into the canal. Polypi are also often seen, with the pedicle attached to one of the walls of the tympanum or to the diseased membrane, at times causing much damage by preventing the free escape of pus. What may the result be? I think more than one-half of the patients whom I have been called upon to treat for this disease have been advised to let their ears alone if they wished to avoid serious trouble. Some physicians give this advice, and when children are the sufferers quiet the fears of the parents by telling them "they will outgrow it as they get older."

Sometimes, indeed, the discharge does cease without treatment, but there is almost certain to be a loss of hearing power, which might have been saved by proper care. The amount

of hearing lost is dependent upon several factors. If the ossiculae are left *in situ*, and their free motion is not much interfered with, and if the inflammation does not extend to the labyrinth, and the Eustachian tube remains uninjured after the inflammation has been controlled, a wonderfully large amount of hearing may be retained, even when there is loss of the entire membrana tympani. But there are results more to be dreaded than loss of hearing. The tympanum has many important relations which cannot but be affected by any prolonged suppurative inflammation within it. The cavity of the tympanum is covered by a thin bony plate, which is all that separates it from the meninges of the brain. Any extended destruction of the floor would involve the great jugular vein. Not only may ulceration of the inner wall, by extension, cause absolute deafness, but by destruction of the very thin bony covering of the aqueductus Fallopii, the portiodura of the nerve is injured, and facial paralysis is added to the already sufficiently disgusting history of the disease. Disease of the mastoid cells is usually instigated by a neglected chronic suppuration of the middle ear. The cells of the mastoid open into the tympanum, and the mucous membrane of the one is continuous with that of the other. It is easy to see how inflammation in the tympanic cavity may extend to that of the mastoid. Remembering the close proximity of the brain, which is protected only by a permeable bony plate, sometimes hardly that, can we wonder that terrible results sometimes follow—abscess of the brain, pyæmia, convulsions, paralysis, coma and death? Many a mother has seen her child escape the clutches of diphtheria or scarlet fever only to see it die a far more painful death from the consequences of “only a running from the ear.”

The following are the remedies which are the most often used by me in the treatment of the disease which is the subject of this paper. I do not claim that I have noticed every indication which each remedy possesses. I have simply made note of the symptoms which lead me to the use of each drug, hoping that they may be of use to some, and expecting to add to them as the years go by.

Arsenicum. The discharge is accompanied by burning itching in the canal, and crawling sensations in the ears. Red burning pustules, which become painful ulcers in the canal, and upon the auricle where the discharge touches. The pains are intolerable. The patient is pale, with a general debility,

and, if an adult, is inclined to melancholy. The pains are relieved by warm applications.

Aurum mur. Is useful in cases with a suspicious history. Caries of the mastoid process, when the discharge from the ear is exceedingly offensive, accompanied by *drawing pains, worse at night*. Relieved by warm and aggravated by cold applications. Peevish and melancholy; an extremely offensive nasal catarrh is a usual concomitant.

Calc. carb. The discharge is usually profuse, not very offensive or corrosive. A profuse yellow discharge from the ears of soft, flabby children, who perspire freely about the head, and take cold from the least exposure to a draft of air. Children get easily fatigued. The general appearance of the patient is a better guide to this remedy than the appearance of the ear.

Calc. iod. Many of the general symptoms are the same as those of the carbonate. The discharge is inclined to be more excoriating and to flow from the canal less freely. The glands in the vicinity of the ear are more implicated.

Calc. phos., I have found useful in those cases which are associated with *phthisis pulmonalis*.

Capsicum. Pain deep in the ear, of a drawing-tearing character, worse at night. Tearing pain in the mastoid process, which becomes swollen and red—*mastoid periostitis*.

Causticum. Pressing-out pain in the middle ear. *Tearing pains, with a closed sensation*. Sudden stitches in the ear and in the mastoid. Offensive, at times bloody, discharge. The meatus becomes swollen and excoriated. *Roaring sound in the ears. When speaking the voice resounds in the affected ear*.

Chamomilla. Often useful for children that have taken cold and are suffering from an exacerbation of a chronic suppuration. The mental symptoms will be the keynote. The discharge is excoriating. The auricle is usually hot and red.

China. *Ringings* in the ears. Useful in relieving the discharge from the ears of pale debilitated women and children. It sometimes acts like a charm by changing the nature of the pus and paving the way for another remedy to complete the cure. I have often seen an offensive sanguineo-purulent discharge changed to one of healthy pus under the influence of China 1 or 2. China and Cicuta are Prof. Houghton's favorite remedies for hæmorrhage from the ear.

Conium mac. acts well when there is a mixture of cerumen and pus in the canal. Hard, dark cerumen, which forms in the canal so as to prevent the escape of pus. Tendency to

the too rapid secretion of wax. The parotid and other glands become stony-hard and very tender.

Elaps. In a few cases where *Elaps* was useful there was a greenish-yellow or a watery discharge. Much itching in the ears. The nostrils plugged with lumps of dry mucus. The patient breathes through his mouth when asleep.

Graphites is indicated when the discharge is accompanied by cracking of the skin wherever the escaping pus touches it. Cracks in the skin behind the ear. Where the discharge touches the skin an eruption appears, from which oozes a sticky moisture.

Hepar sulph. Extreme sensitiveness to contact is the keynote to this remedy. Children cannot bear to have the ear washed. Even adults shrink from having the ears examined. Slight contact seems to cause much pain. Dread of contact, which is out of proportion to the actual pain. The canal is filled with white, cheesy, or sometimes bloody pus, which causes the skin with which it comes in contact to look scurfy and irritated. Hæmorrhage is produced by the slightest contact, and little pustules appear in the meatus and on the auricle where the pus has touched. There is aggravation from cold and relief from warm applications. The patient goes about with head wrapped up warmly, and gets his only sleep with a bag of hot salt held against his ear. In a number of cases of mastoid disease, with the above indications, *Hepar* acted like magic after *Capsicum* had been used with no effect.

Iodine is not often useful in this disease. I have known it to bring about beneficial changes when there was painful glandular enlargement in front of the tragus, with indolent ulceration of the membrana tympanum, and a pinched, dried-up look of the face.

Kali bich., when there is discharge of thick, yellow, fetid pus. Itching deep in the ear, with stinging pains. Sharp stitching pains dart from the ear to the throat. Naso-pharyngeal catarrh; ulceration of anterior nares, with a discharge of tough, ropy mucus. Ulcers upon the membrana tympani, which are dry but not painful, excepting the sharp stitches. Indolent ulcers.

Kali hyd. The discharge is irritating and offensive, accompanied by boring-tearing pains in the temporal bone. During the day a dull, tense, numb feeling in the affected side of the head, which during the night becomes an intolerable aching. Sudden shocks of pain. Was of great benefit in a case of mastoid disease in which the mastoid process had become so

diseased as to cut like wet sponge. In such cases it seems to act better given in solution— $\mathfrak{5}\text{ij}$ to $\mathfrak{5}\text{ij}$ of water—a teaspoonful of the solution three times daily. As a rule, it has acted better in cases that have been undoubtedly of syphilitic origin. In the case above mentioned, the young man positively asserted he had never had syphilis. He was treated at first allopathically, and perhaps had been poisoned with Mercury.

Merc. sol. In old chronic cases that have taken cold and are suffering from earache. The meatus is red. The pus thin, excoriating, offensive and often bloody. The tympanum is full of pus, and I have often noticed a peculiar pulsation at the bottom of the canal, in cases in which this remedy has been given with success. Pulsative roaring in the affected ear. The pains are dull, constant, but always get worse as night comes on, and better as the morning appears, especially after rising from bed and moving about. Free perspiration from the least exertion. The fauces are bright red, the tongue large, flabby, and indented. Often difficulty in opening the mouth wide enough to permit a view of the fauces. Ulceration of the membrana tympani, which bleeds from the slightest touch.

Psorinum is a perfect godsend when we have an exceedingly offensive case to attend to, often removing the disgusting appearance and odor in a wonderful manner. It is often useful in cases of children who have been debilitated by some protracted disease—peevish, unhealthy-looking children, who have a disagreeable odor about them aside from that which comes from the ear.

Rhus tox. has been of use to me in a few cases in which the discharge had produced a red herpetic eruption where it had come in contact with the skin.

Silicea. In cases of long standing, when the ulceration has extended to the bone, and there is an ichorous, offensive discharge. Much itching in the ears. The child bores into its ears with its fingers when asleep, causing a discharge of blood and pus. Sudden stopped feelings in the ears, which pass off when gaping or swallowing. Ulceration of the membrana tympani, with itching or sharp stinging pains. The child seems to enjoy having the ear cleansed with the cotton probe. Sounds in the ears like the ringing of bells. Cracking in the ears when swallowing.

Sulphur is not so often indicated in this disease as I expected it to be when I began to prescribe for diseases of the ear. In dirty, scrawny children (and adults, too), whose very hands

and faces proclaim their aversion to the touch of water, and from whose ears there is flowing a dirty-looking, offensive, sometimes sour-smelling pus, Sulphur will produce a very desirable change. Much itching in the ears, which is changed to pain by attempting to scratch them.

Tellurium. This can be used with satisfaction when the discharge is thin, watery and very excoriating, with an intensely disagreeable odor. The skin with which the discharge has come in contact looks as though scalded, and little vesicles appear on the red excoriated surface.

LACERATION OF THE FEMALE PERINEUM.

BY CHARLES M. THOMAS, M.D.

A LACERATED perineum, if left unrestored, forms one of the most sorrowful mutilations with which a woman can be afflicted. The genital organs lose thereby their most powerful natural support, and as a consequence follow rectocele, uterine displacements, cystocele, incontinence of feces and flatus, invasion of the vagina with fecal matter and, finally, sterility and a multitude of distressing nervous symptoms. And yet how common it is to find these afflicted creatures dragging out a miserable existence for perhaps years, either from shame of exposing their terrible condition, or because they have consulted their physician without benefit and have given up in despair of ever obtaining relief. Indeed a proper judgment in regard to the condition of the parts in these cases is frequently not so simple a matter as one might theoretically suppose. The divided tissues are often, through the cicatricial contraction, so altered and displaced as to cause not a little confusion in the mind of one inexperienced in such examinations, as to the exact relation of the parts, and this is, no doubt, not infrequently the reason why physicians so often stand helpless before these sufferers, perfectly competent to relieve, but failing from a want of the requisite understanding of the presenting conditions. Three such instances have come under my observation, where patients brought from their physicians a diagnosis of recto-vaginal fistula when examination revealed extensive laceration of the perineum. And neither was this diagnosis made without examination, as is too often done (simply depending on the patient's assertion that "soft passages and wind came out in

front"); on the contrary, repeated examinations were made by more than one physician, and the absence of the perineum was entirely overlooked.

Injuries to the perineum may arise from a number of external causes, but particularly where a woman, in falling, strikes with this part on some hard sharp object. Laceration from such causes are, however, comparatively rare, the majority of perineal injuries being contracted during labor. The conditions favoring this accident in parturition are numerous. When in any labor the natural softening and distension fails to take place, there is risk of rupture to the perineum. It is, therefore, frequently found in cases of very quick labor, in which the child advances so rapidly as to allow no time for preparation in the soft parts, or where it is found necessary to make a forcible delivery with instruments before the external opening is prepared for the unusual distension. Again, the expelling force may be perfectly normal, but a dilatation of the perineal tissues does not take place on account of a natural rigidity, as when the lying-in woman is already advanced in years, or is prevented by the presence of dense cicatricial tissue, the result of some pre-existing ulceration. But where both the expelling force and distensibility of the tissues are normal and bear a proper relation to each other, we may still have a powerful agent in the production of this accident in a disproportionate size or unfortunate position of the advancing part of the child, as, for instance, in hydrocephalus, face presentations, deficient flexions of the neck, etc. Finally, among the less frequent causes of laceration we have the abnormally shaped pelvis; as, for instance, narrowing of the pubic arch, where the presenting part instead of advancing towards the opening of the vulva is projected backwards against the perineal centre.

Rupture of the perineum varies greatly in character and extent. It may exceptionally be *complete*, i. e., the sundering of the tissues involves skin, superficial fascia, constrictor vaginae, transversus perinei and sphincter ani muscles, with possibly the posterior vaginal and anterior rectal walls. The division of the recto-vaginal septum is sometimes very extensive, reaching to within a few lines of the uterus, but is generally not more than 1 to 2 inches. The *incomplete* variety may involve any amount of tissue, from a simple rupture of the integuments to a loss of continuity in the whole thickness of the structure down to the sphincter ani.

The line of rupture is very seldom central, but runs either

to one side or other of the raphé, sometimes splitting at the lower end into two branches towards either tuber ischii. Cases have been reported where the entire fœtus has been thrust through the centre of the distended perineum without bursting the anal or vaginal margin.

The evil consequences of a laceration are seldom immediate. In fact, the very absence of early subjective symptoms has caused many of these mishaps to be entirely overlooked. The accident does not reveal itself till some time during the lying-in period, or after the woman has begun to go about. Within the first few days, if there had been extensive laceration, leaving shreds of gangrenous tissue on the raw surfaces, there is the possibility of pyæmic or septicæmic infection, or, if the patient be exposed to favorable external influences, of *pyæmic puerperal fever*. If neither of these more serious consequences set in, the woman while still in bed has little to complain of except smarting on urination and soreness and pain in moving the thighs on each other. Later, on assuming the upright posture and exercise, a variety of troublesome symptoms arise. The patient begins to experience unpleasant dragging bearing-down pains in the loins and down the thighs, pain in the back, great weariness on standing or walking, and frequent painful urination where, by descent of the anterior vaginal wall, the floor of the bladder is displaced. When the rupture extends into the rectum, we have added to the above distressing symptoms a more or less complete inability to control the action of the bowels. If only the external sphincter is involved, the trouble is not so serious, since the feces, if at all consistent, can be retained by the superior sphincter; but when both muscles are divided, the condition of the sufferer becomes a most deplorable one; flatus, feces and urine pass from her involuntarily, rendering her an object of disgust to her own family, and banishing her entirely from all society.

The *appearance* of a ruptured perineum in a fresh case is too characteristic to require any description; but in old cases, where cicatrization has covered over the raw surfaces, the diagnosis is not always so easy a matter. *A priori*, one would suppose that the healed surfaces of a lacerated perineum would simply correspond in shape to a section of that body; that when the rectum is not involved there would be two cicatrized triangular surfaces lying base to base, with their sides corresponding respectively to the cutaneous edge of the perineum and mucous margin of the vagina; and where the rectum is involved, there would be a complete separation of the

triangles in such a way that their apices would meet at the recto-vaginal septum, while the bases and legs would follow on either side respectively the line of the septum, the mucous edge of the vagina and skin of the perineum. This, however, is far from being the actual picture of the condition. Through the sundering of the fibres of the sphincter vaginae and ani at their junction or crossing, great increase of power is given their antagonists, the transverse perineal muscles (particularly the levator ani), and the divided surfaces are dragged strongly outwards and upwards towards the cavity of the pelvis. Besides this, the recto-vaginal septum is often torn, not exactly longitudinally, but in such a way as to leave on the upper end of the wound, or a little to one side, a flaplike projection. When the laceration is of long standing, the triangular-shaped surfaces besides being drawn out laterally and upward by the action of the transverse perineal and levator ani muscles, are so reduced by cicatricial contraction as to be hardly recognizable, while in complete ruptures this line of union along the recto-vaginal septum is covered over by projecting folds of rectal mucous membrane.

I believe that if at any time the rule *everything to be done under cover* may be disregarded, it is after the expulsion of the child, if one cannot be *perfectly sure* by the touch alone in regard to the state of the perineum. The parts should be so exposed as to permit of a thorough ocular examination; nor should this be left to the nurse, as is only too often done, for they, as a rule, are utterly incapable of judging. A lady now under my care for treatment preparatory to an operation for restoring her lost perineum, was attended in her last confinement by her husband, who is a physician in good practice near the city. Having had some little difficulty in the use of the instruments, the parts, at his request, were inspected by the nurse, who reported everything right. On getting about, however, my patient found herself anything but right, and examination then revealed to the husband an almost entire loss of the perineum.

One might easily suppose from the teaching of many writers, that the accident I am considering must be exceedingly rare when the ordinary means of prevention are practiced, and yet such able accoucheurs as Schroeder, Olshausen and others acknowledge 20 per cent. for primiparae and 3 to 9 per cent. for multiparae. A year ago, I was informed by a physician of this city that he had practiced twenty years without seeing the accident; since that time I have operated on two cases

for him. It is a question whether our statistics in private practice would not suffer more, and women suffer less, if we would be more careful to *look* for laceration of the perineum.

If left without attention, there is no doubt but that some few cases of milder laceration will heal spontaneously and thoroughly, even when the division is so deep as to involve the muscular tissue. The very general rule, however, is, the granulation and gradual healing over of the raw surfaces, with but slight attempt at a filling up of the gap. Where the rupture is complete, spontaneous restoration of the parts, either by primary union or granulation, is quite impossible, and although it may seem in some cases, judging by the absence of annoying symptoms, that a favorable result has taken place, the trouble is almost certain, sooner or later, to show itself in a greater or less disturbance in the functions of the neighboring organs. And here I would protest against the suggestion I have occasionally heard made, that "*perhaps it might not be necessary to operate, the laceration being so small.*" Unfortunately, what one would call small another might call large, so that if we are to be on the safe side we should bear in mind that *any* laceration at this point *may* prove the source of serious inconvenience, if not danger, to the lying-in woman. Even though the muscles are left intact, and only the connective tissue of the posterior commissure be involved, an effort should be made to bring about primary union of the wound.

The first point to be considered in the *treatment* of ruptured perineum is very naturally an attempt at *prevention* of the accident. With reference to this I shall have but little to say, as it belongs more properly to obstetrics. There seems to be the greatest discrepancy of opinion in regard to the worth of support to the perineum as the child passes this point. Some, particularly the older teachers, recommend leaving the perineum to take care of itself, condemning all attempts at support as unnecessary and dangerous, while others claim great advantage from support, and believe the obstetrician derelict in his duty in neglecting this part of the delivery. At the present time, however, it can hardly be doubted that the direct support of the perineum with the bare hand is not only useful, but in many cases indispensable, since in this way the presenting part can be compelled to pass slowly, and thus gradually distend the soft parts, while at the same time a more favorable direction may be given it. Beside the pressure of the bare hand to the face of the perineum, the obstetrical forceps

are doubtless often a means of prevention rather than a cause of laceration.

Prophylactic lateral incisions are probably never called for except where there is an extremely narrow pubic arch and small vulvar opening.

If the laceration has taken place in spite of every precaution, it then becomes our duty to see that the rent is carefully united.

The most favorable *time for the operation* is without doubt soon after the delivery, immediately following it if possible; or if this be impracticable on account of the exhausted condition of the patient or extremely bruised state of the tissues, within the first twenty hours at least; the advantage of this period lying in the fact that non-union is very rare where the operation is properly done, and further, that the pressure and distension to which the tissues have been subjected render them comparatively insensible to pain. Even when the laceration is extensive, requiring a protracted operation, it is rarely necessary to give an anæsthetic. When the condition of the patient is such as to forbid a lengthy manipulation of the parts, the endeavor should be made to unite at least that portion of the gap at or nearest to the rectum, in order that the more troublesome consequences, as incontinence of feces, etc., may be overcome until such time as the complete operation can be performed. If from any circumstances (complication on part of patient, absence of proper instruments, assistants, etc.) the primary operation is rendered impossible, the next most favorable period would be after the complete cicatrization and solidification of the wound. This will vary in different cases, but as a rule no interference should be undertaken under six weeks. If the patient be menstruating, it is better to operate four or five days after the cessation of the flow, in order to avoid risk of complication by onset of the sickness. In two cases, however, this happened with me without causing any untoward results.

Primary Operation—Incomplete Rupture.—When the rectum is not involved, the rent may be united by either one of two methods. Firstly, by deep stitches along the vaginal edge of the rupture, with superficial perineal sutures, or, I believe better, by *secondly, deep perineal, and, if necessary, superficial vaginal sutures*. The material for the sutures is probably best of iron or strong silver wire for the deep, with fine silk for superficial ones; but well waxed carbolized silk will do for all. Long full-curved needles may be used for the deep stitches,

and smaller for the superficial ones. I, however, prefer a long half-curved fixed needle, with an eye in the point, for the deep sutures. The patient is placed on her back, with the buttocks close to or slightly beyond the edge of the bed, which should be as hard as possible. The feet are either rested on chairs as for the application of forceps, or the legs held up by assistants, in the position for lithotomy. The vagina and raw surfaces being cleansed with a sponge or stream of tepid water, all ragged edges and shreds of tissue are pared carefully with scissors, so as to leave a clean, smooth surface for union. The next and most important step in the operation is the stitching of the parts. The suture which in all cases requires the most accurate adjustment is that nearest the anus, and should be inserted first. The needle with eye in the point is armed with the wire and entered in the skin half an inch from the side of the wound, a few lines below the level of the lower angle, passed deeply through the tissues and brought out in the vagina about a quarter of an inch beyond the wound; the thread is now removed from the eye, the needle withdrawn and entered on the opposite side at a corresponding point, directed unarmed through the tissues, and on appearing in the vagina it is again threaded and drawn back, carrying the wire with it. The two ends now projecting from the skin surface may be fastened together to close the wound, either by twisting on each other, or, better, by passing down over them a perforated shot, and after applying a moderate amount of tension* to the wire crushing the shot on it close to the skin, the ends being cut flush with the surface of the shot. It is best, however, to introduce all the sutures before fastening any. The superficial vaginal stitches will seldom be required when the deep perineal threads are passed in beyond the vaginal edges. In order to prevent strain on the sutures during motion in bed, the nates should be well strapped together by a band of adhesive plaster, three inches wide and long enough to reach from one trochanter to the other, and, in addition, the knees should be bound together while the patient sleeps.

The after-treatment is very simple. I think the less the parts are interfered with the better, except in the way of simple cleanliness. The best position for the woman is on either side, or even slightly turned towards the face. Lying on the

* A few cases of gangrene of the perineum have been reported as resulting from too tight a suture, and ending in death from absorption of septic material.

back should only be allowed as a change or rest to the patient. After the second day, a weak solution of Calendula, Carbolic acid or Permanganate of potash, in water, should be thrown against the perineum and into the vagina once daily, while the patient is lying on her side, with hips projecting over the edge of the bed, in such a way as to allow the liquid used in cleansing to flow over into a receptacle on the floor, the bed being protected by a rubber cloth. Instead of following the usual rule of locking up the bowels with Opium and emptying the bladder at regular intervals with the catheter, I have usually paid but slight attention to the former, and have found that in the majority of cases there will be little disposition for a passage before a week or so, and then, or before, by means of carefully administered enemata, there is seldom difficulty in obtaining the passage of a stool so soft as to do no harm to the new perineum. If, on the other hand, the bowels are prevented from acting, they will occasionally, in spite of every care, accumulate such hard masses in the rectum as to cause extreme discomfort to the patient and much danger to the stitches or new perineum, in the attempt to dislodge the accumulation.

My rule in reference to the urine is to use the catheter only so long as the patient has difficulty in emptying the bladder without straining. This will vary with different individuals, some having no trouble from the first, others requiring the catheter for a number of days. When urinating voluntarily, the patient should be turned carefully on her face, the urine being caught in a flat dish of some sort. So long as the urine is fresh and acid, its contact with a wound will not interfere with the healing. It is only when it has degenerated or is alkaline that it becomes a source of irritation.* The sutures may be left in six to eight days, and then removed in the reverse order of application, so that, if necessary, where it is feared that the cicatrix is still not solid enough, the wire next the rectum may be left longer as a safeguard. Even after the sutures are all out, the nates should be held together by ad-

* This fact has been most thoroughly demonstrated by the late Gustav Simon, of Heidelberg, who, during a period of some weeks, while investigating the subject of after-treatment in vesico-vaginal fistula operations, caused a great number of fresh wounds to be dressed with lint soaked in healthy urine, and found that their progress compared very favorably with similar cases where the ordinary wet dressings were applied.

hesive plaster for a week or so, and the patient not allowed to assume the upright position earlier than two to three weeks from date of operation.

In fresh cases of *complete* rupture the above method of stitching may have to be somewhat modified, although when the rectum is not extensively invaded it will very generally answer every purpose. If the recto-vaginal septum is divided for more than a half inch or so, it usually becomes necessary to add a few points of suture on the side of the rectum and vagina—one or both—in order to secure against recto-vaginal fistulae. In such cases the perineal sutures are applied first, and in the same manner as for simple rupture, but not drawn together till the stitches in the rectum, and possibly vagina, are introduced, although the latter (vaginal) are less frequently needed when the perineal sutures are properly placed. After a thorough cleansing of the wound and vagina, the rectal threads are first tightened, the perineal last. After-treatment is the same as in the incomplete laceration.

Operations for Old Complete Rupture.—I shall not speak of the operation for old *incomplete* ruptures, as it is of course included in that for complete.

A few hours before the operation the bowels should be well emptied by enemata. After etherization, the patient is placed in the lithotomy position, care being taken that she lies perfectly flat and straight, and not drawing the thighs more on one side than the other. This is a very necessary precaution in order that the freshened surfaces may coincide perfectly in size and shape. With the point of a narrow bistoury, mark out with a superficial cut the lines on either side which are to form the raphé of the new perineum; these should run in a line represented by the continuation backward of the inner edge of the labia majora. The upper ends of these incisions on reaching the labia majora should be directed in a curve, including the base of each labium, backwards and upwards towards the posterior vaginal wall, and when about a half inch from the median line, should make another turn directly up the vagina towards the uterus, for about three-quarters of an inch, when they are to be brought together. In this way we have marked out three rounded triangular surfaces, lying with their bases together; the lateral ones should measure one to one and a half inches across their bases, and not less than three-quarters of an inch at the blunt apices, *i. e.*, at the pos-

terior ends of the labia majora ; the third, or that pointing up the posterior vaginal wall, should not measure less than one inch across the base and three-quarters at the upper rounded angle. The surface thus included is now to be carefully removed by means of the knife or scissors, to a depth of about a line. This denudation should not be carried too deeply, in order to avoid opening into the large venous trunks found in this tissue, and which might not only cause troublesome bleeding, but beside lay the case open to phlebitis and its consequences. Hæmorrhage is best controlled either by pressure with the fingers (ligatures should never be employed, as their presence would interfere with primary union) or by playing a fine stream of cold water over the surface from a syringe. After cleansing the wound and making sure that no points have escaped the knife in the freshening, the union is to be effected as follows : The sides of the vaginal triangle are first to be united with several fine silk or carbolized gut stitches ; next the rectal edges of the lateral surfaces are brought together with deep silk sutures, leaving an end from each hanging from the rectum to facilitate removal ; finally long iron or silver wire sutures are to be passed from the perineal entirely around the lateral surfaces, in the manner described for recent laceration. The number and depth of the rectal stitches will depend on the extent to which the recto-vaginal septum is involved. Where nothing more than the sphincter is divided, they may be dispensed with altogether, trusting to the carefully adjusted perineal wires.

The after-treatment is essentially the same as that for the operation in recent cases.

The table on the next page gives the principal points in the thirteen cases on which I have operated within three years :

TABLE OF THIRTEEN CASES OF OPERATION FOR LACERATED PERINEUM.

| NO. | AGE AND LABOR. | CHARACTER OF LACERATION. | OPERATION, TIME OF, ETC. | ANÆSTHETIC. | RESULT. | REMARKS. |
|-------|-------------------------|--|--|-------------|---|--|
| I. | 25 years. Primipara. | To verge of anus. | <i>Secondary.</i> One year after. | Chloroform. | Complete union. | Deep vaginal and superficial perineal sutures of fine silk. Quite well three months later. |
| II. | 23 years. Primipara. | Through external sphincter. | <i>Primary.</i> Ten hours after. | None. | Failure in union of about $\frac{1}{3}$ of upper portion. | Silver sutures in perineum only. No bad symptoms one year later. |
| III. | 28 years. Primipara. | One-half inch into rectum. | <i>Primary.</i> Four hours after. | None. | Complete union. | Silver sutures in perineum; two of fine silk in rectum. Well two years after. |
| IV. | 24 years. Primipara. | One inch into rectum. | <i>Primary.</i> Twelve hours after. | Ether. | Failure. | Silver perineal, one silk rectal suture. A year later complained of frequent painful urination; loss of control of sphincter and when excited. |
| V. | 31 years. Primipara. | Into right ischio-rectal fossa, escaping rectum. | <i>Primary.</i> Twelve hours after. | None. | Union of all but $\frac{1}{3}$ upper portion. | Iron perineal sutures. Perfectly well a year after. Confined a second time, with no trouble. |
| VI. | 22 years. Primipara. | Into external sphincter. | <i>Secondary.</i> 4 months after. | Ether. | Complete union. | Iron perineal sutures. Not heard from since. |
| VII. | 33 years. Primipara. | Through external sphincter. | <i>Primary.</i> Eight hours after. | Ether. | Complete union. | Iron perineal sutures. Not heard from since. |
| VIII. | 28 years. Multipara. | One-half inch into rectum. | <i>Secondary.</i> Six weeks after last confinement. | Ether. | Complete union. | Iron perineal sutures. Laceration contracted in first labor, and increased in this. Not heard from. |
| IX. | 25 years. Primipara. | Through external sphincter. | <i>Secondary.</i> Two years after. | Ether. | Complete union. | Iron perineal sutures. Perfectly well one year later. |
| X. | 21 years. Primipara. | About one-half the perineum. | <i>Primary.</i> Six hours after. | None. | Complete union. | Silver perineal sutures. Not heard from since. |
| XI. | 29 years. Primipara. | One inch into rectum. | <i>Primary.</i> Eight hours after. | None. | Complete union. | Iron perineal and two fine silk rectal sutures. Well two months later. |
| XII. | 27 years. Primipara. | To verge of anus. | <i>Primary.</i> 29 hours after. | None. | Complete union. | Silver perineal sutures. Not heard from. |
| XIII. | 28 years. Primipara. | One-half the perineum. | <i>Primary.</i> Six hours after. | Chloroform. | Complete union. | Silver perineal suture. Well two months later. |

THE HEALING ART. A HIGHER MEDICAL EDUCATION.

BY ADOLPH LIPPE, M.D.

DR. WILLIAM PEPPER opened the medical course at the University of Pennsylvania on the 1st of October, 1877, with a paper on "Higher Medical Education the True Interest of the Public and the Profession." Dr. Pepper laments over the troubles which afflict the medical profession, and which have been steadily propressing and increasing for at least fifty years. He advances his opinion as an individual in regard to the cause of this troubled state of affairs in the following manner: "Its ranks are overstocked to an unparalleled extent; there is, I believe, no other business in which so small a proportion of those engaged earn a living; it finds successful rivals among the practitioners of such exclusive schools as homœopathy, eclecticism and the like, which, by the concurrent voices of all intelligent communities, no less than by the verdict of scientific investigation, have been declared to be unworthy of confidence and incapable of endurance."

Comments. First of all we say to Dr. Pepper, "*Gratias!*" He really acknowledges that the homœopathic school of medicine is a *successful rival* of the school to which he belongs and for which he speaks. We, nevertheless, protest against the liberty he takes in placing the homœopathic school in the same classification with the eclectic. These two schools (if eclecticism is a school, which of course we shall not attempt to argue here) have nothing in common. Homœopathy, as *the healing art*, was introduced by Samuel Hahnemann, a man of high attainments, who was respected by all medical men as a ripe scholar, and was only discarded because it did not suit a preferred class to become students again. Eclecticism is an outgrowth of the allopathic school, and is, what its name fully indicates, a school of expediency, without a single principle to guide its practice.

Dr. Pepper develops a strange logic. He first acknowledges that homœopathy is a successful rival (of *his* school), and in the same breath says that they (homœopathy and eclecticism), "by the concurrent voices of all intelligent communities, no less than by the verdict of scientific investigation, have been declared to be unworthy of confidence and incapable of endurance."

If the intelligent communities have declared them to be

unworthy of confidence, how can they possibly continue to be "successful rivals?" As to his reference to the same verdict resulting from "scientific investigation," the doctor seems to be entirely off the logical track. What does he mean by scientific investigation? As he puts it, it is an empty phrase. A scientific investigation of homœopathy is a twofold process. It implies, first, a full knowledge of the principles governing the homœopathic healing art, *i. e.*, the *science of homœopathy*, and second, the art of applying these principles for the cure of the sick. Supplied with this knowledge the investigation can be fairly made; and it so happens that just such investigations, made honestly, have supplied the homœopathic school with many of its best men. It is not possible to judge of a system of medicine without a previous knowledge of it. Honestly and earnestly inquiring medical men, as well as intelligent communities, are governed in their verdict by the actual results as they find them. If, as Dr. Pepper says, the homœopathists are *successful* rivals, then the verdict of intelligent communities and also of scientific investigation must, *logically*, be in their favor. Or does Dr. Pepper take it upon himself to say that communities and investigators finding a verdict in favor of homœopathy, are neither intelligent nor scientific? Dr. Pepper evidently has created this dilemma for his own personal benefit. If he is a consistent man, why does he not, in the name of the University of Pennsylvania, petition the legislatures of all the States of the Union to pass an act by which the practice of homœopathy shall be forbidden and made a criminal offence, giving as a reason for his action, his desire to get rid of a successful rival. That would be just the thing. The intelligent communities, however, have given quite a different verdict. Even as early as 1836, a charter was granted by the legislature of Pennsylvania, establishing a homœopathic college at Allentown; and an intelligent people have, from time to time, granted other charters for homœopathic colleges and hospitals. A generous and intelligent people have granted to educated physicians *of all schools* the same rights, privileges and immunities. They all enjoy the same legal status; and the same generous, intelligent people, by these very acts, have declared all schools equally worthy of confidence. And why was it that homœopathists had to seek special charters? It was on account of the intolerable illiberality of the existing old medical schools, intolerable because these schools refused to acknowledge the will of the people. While the people through their legisla-

tive bodies had bestowed "*equal rights*" on all, the older schools defied the will of the people, and refused these equal rights to the homœopathists.

I have now in my possession documentary evidence to this effect. It is *officially* stated by an officer of the University of Pennsylvania, under date of 26th of October, 1859, that the first *rule* among the requirements for graduation in the University is as follows: "The candidate must have attained the age of twenty-one years, have applied himself to the study of medicine for three years, and been, during that time, the private pupil, for two years at least, of a respectable practitioner of medicine," "and that the interpretation given by the faculty to the latter portion of this rule is, that those persons only can be recognized as 'preceptors' who are practitioners of medicine in the regular way as taught in the established schools of the country, and excludes those who are engaged in practicing homœopathy."

A homœopathist is, by the University of Pennsylvania, declared not to be a respectable practitioner of medicine. The people say otherwise; and we evidently find the University of Pennsylvania in open revolt, unhesitatingly treating with contempt the will of the people, and in violation of all law and order. Who is a respectable practitioner of medicine? This is the question, and, as far as the first part of the answer goes, viz., "*those persons can only be recognized as 'preceptors' who are practitioners of medicine in the regular way as taught in the established schools of the country,*" we are quite agreed to accept it; but when we are informed that *therefore*, "*this excludes those who are engaged in the practice of homœopathy,*" we hereby protest against such revolutionary logic.

We come now to ask the ultimate question, "What are the established schools of the country?" Of course *all* and every school chartered by the people to teach medicine and confer the degree of doctor of medicine on all such candidates as have complied with the conditions laid down in the charter; and all these charters, from that of the time-honored University down to that of the eclectic school in Pine Street, contain the same conditions under which the degree as doctor of medicine may be conferred on an individual. The person in possession of such a document becomes, to all intents and purposes of the law, a practitioner of medicine in the regular way, and must surely be considered a respectable practitioner of medicine. The University of Pennsylvania had come to a different conclusion, applying a logic which is not easily understood.

Submitting to this conclusion at which the University of Pennsylvania arrived, it became a necessity to apply to the legislatures for charters of medical colleges and hospitals, so that such persons as were anxious to obtain a knowledge of the progressive homœopathic healing art, which they could not obtain in the old-established medical schools, could do so; and after having acquired that knowledge, they could also obtain a degree as doctor of medicine, which, under the peculiar ruling of the old-established medical schools, was refused to such persons as had for a preceptor a homœopathist. A peculiar ruling indeed.

There is really in existence, in even this free country, a set of men calling themselves "*regulars*," who refuse to acknowledge any medical man to be a respectable practitioner who not only knows everything appertaining to the knowledge of medicine, even if he holds a diploma as a doctor of medicine from their old-established schools, *if* this person has a knowledge of the progressive homœopathic healing art, and *if* this knowledge and a subsequent scientific investigation have convinced him of its superiority over all known systems in medicine, and *if* so convinced he cures people and thereby—by the better curing of them—becomes a successful rival. Which, then, is an exclusive school? Why, the school represented by Dr. Pepper, who has, by his address, not only grossly insulted and misrepresented successful rivals, but has also grossly insulted the multitude of highly intelligent people who have become disgusted with the pernicious common practice of physic, and have adopted the benign system of the healing art founded by Samuel Hahnemann.

RAUE'S ANNUAL RECORD.

EDITOR HAHNEMANNIAN MONTHLY:

I cordially indorse the remarks of "Student" in your September number, touching the reissue of this most valuable annual. Surely it is not too late now to reopen the books and to persuade the accomplished editor of the *Record* to resume his pen and prepare 1876 and 1877, and give us them next summer.

With due energy on the part of the publishers and friends of this work, I doubt not that a subscription list of two thousand good names may be obtained in the next sixty days. The six numbers already published are richly worth the subscription price, and should be found in the library of every

practicing physician. In a very few years it will constitute an encyclopedia of the healing art, of unspeakable value.

In a very few months, probably, the volumes already published will have been taken up and their value largely enhanced. Those who are now laying the foundation of a homœopathic library should not neglect the present opportunity to secure these volumes. The issue of every succeeding year will but add to their value.

JOS. V. HOBSON, M.D.,

Richmond, Virginia.

October 8th, 1877.

NOTE.—This communication, forwarded to us by Boericke & Tafel, had the following appended: "In case this article should be accepted for publication by the editor, it should be remarked that the publishers of the *Record*, notwithstanding their untiring efforts, could obtain but a few over two hundred subscribers for their work. The subscription lists are still open, and when five hundred subscriptions have been received, or nearly that number, the publication of the *Annual Record* will be resumed."

OBITUARY.

DR. VON GRAUVOGL.

"GRAUVOGL is no more! He died on the 31st of August last, after having been sick for about three weeks. Although well advanced in life when called upon to depart, having reached his sixty-sixth year, his death is an irreparable loss to homœopathy. His two great works, *The Law of Similarity* and the better known *Text-book of Homœopathy*, are monuments of his greatness of thought and intellect, and the only ones he needs. These will remain as standard works in the library of every intelligent homœopathist.

"Hausmann and Grauvogl, of Germany, are gone; two men of mark, two intellects of the first class. Who is there to take and fill these vacant places?

"Death of late has been reaping a rich harvest from our corps, and as we look at the thinned ranks of our veterans the thought uppermost is, 'Who next?' But blessed are those who do the work their hands find to do, and do it faithfully and well; and may we who survive, show ourselves worthy of the inheritance left us, and strive to emulate the example of those who have gone before."—S. L.

The announcement of the death of Dr. Von Grauvogl, conveyed in the tribute of our esteemed correspondent, will cast

a gloom over the entire homœopathic school. Doubtless we had all figured him as a man of great vigor of body as well as of mind, as of great physical and mental strength, and one to whom death could come only as the end of a long and useful life, when the sap had gone out and the tottering trunk alone was left to mark the once sturdy green and stalwart oak. His death from cancer of the bowels, at the comparatively early age of sixty-six, will doubtless be a surprise to every one. Thanks to the elegant translation of Dr. George E. Shipman, his great work, the *Text-book of Homœopathy*, is as familiar to the English reading homœopathists as to the author's German colleagues, and is highly valued by all who prize useful and elegant homœopathic literature.

Death has truly been busy with our men of late, and the question is not inapt "Who will take the places of those who are gone?" But we are hopeful that the rising generation of homœopathists will do no discredit to their teachings, but will be able in some measure to fill the vacancies created by the death of Dunham, Hausmann, Grauvogl, and the other great who have gone from this world to the better land.

It gives us pleasure to announce that we have made arrangements whereby we shall be enabled to present to our readers Dr. Von Grauvogl's latest work, *Gems and Leaves of Therapeutics*, which has appeared with the issues of the *A. H. Z.*, the last chapter, doubtless written at the commencement of the author's last illness, being contained in the number issued July 10th, 1877. This will be ably translated by our friend and colleague, Dr. W. H. Winslow, of Philadelphia, and will be published in parts of sixteen pages each month, paged separately, that those who wish may have it bound as a separate work.* The first part will appear with the January number.

EDITORIAL NOTES.

"SPINAL CURVATURES AND THE NEW TREATMENT."—A work with this title will shortly appear, from the able pen of our esteemed friend Professor E. C. Franklin, of St. Louis. The treatment of spinal curvatures by Professor Sayre, of New York, has of late attracted great and deserved attention, and among those who were early and chiefly attracted by it, Dr. Franklin was prominent. He has devoted much time, study and careful experimentation to it, and with the result of making some im-

* This will not interfere with the *Spirit of the Medical Press*.

provements over Sayre's methods. The results of these experiments, together with a full account of the *New Treatment*, will be given in the forthcoming work, which the doctor informs us (October 16th), "goes to press at once."

THE HOMŒOPATHIC HOSPITAL OF PHILADELPHIA recently had a fair in the annex to the Academy of Fine Arts, for the benefit of the hospital. We have not yet heard the amount realized, but trust it was a considerable sum.

THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA, the monthly report of which is annexed, holds a fair for the benefit of the hospital, at St. George's Hall, commencing November 5th. The managers hope to make a good lot of money for this certainly most deserving charity.

Report of the Children's Homœopathic Hospital of Philadelphia, for the month ending October 14th, 1877.

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|---|---|
| Number remaining in hospital, September 14th, | 2 |
| Number of applicants for admission, | 9 |
| Admitted, | 6 |
| Refused (on account of hospital regulations), | 3 |
| Discharged cured, | 2 |
| Remaining in hospital, | 6 |

The diseases treated were as follows :

| | |
|---|-----|
| Fracture of clavicle with dislocation of the sternal end, | 1 |
| Rachitis, | 1 |
| Coxalgia, | 2 |
| Diarrhoea, | 2 |
| Ulcers of cornea, | 1 |
| Intermittent fever, | 1 |
| Whole number of prescriptions in the dispensary, | 243 |
| Separate cases treated, | 101 |
| Number reporting improvement, | 99 |
| " " cures, | 18 |
| " " no improvement, | 21 |
| " unheard from, | 63 |
| " treated at eye, ear and throat clinics, | 17 |
| " treated at surgical clinics, | 11 |
| " visits at houses, | 22 |
| Largest number treated in one day, | 19 |
| Smallest " " " " " " " " " " " " | 2 |
| Average attendance daily, | 8 |

T. L. BRADFORD, M.D.,

Resident Physician.

TRANSACTIONS OF THE THIRTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY (HELD AT LAKE CHAUTAUQUA).—This volume of

Transactions of the Institute is now ready and is being mailed to those who have paid their dues to the Treasurer. It was somewhat delayed by the failure of the engravers to prepare the charts accompanying Professor Ludlam's valuable paper on Clinical Thermometry, but is a handsome volume of nearly 800 pages, and by far the best and most valuable work issued by the Institute for a number of years, containing as it does, many papers of great value, and being remarkably free from the chaff which usually, and it seems almost necessarily, incumbers such publications.

PUBLICATIONS RECEIVED.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS. A Collection of Papers elucidating and illustrating the Principles of Homœopathy. By Carroll Dunham, A.M., M.D., etc. 1877.

Before this book criticism is disarmed. Its pages are filled with the work of a great and good man gone to rest, and bear the impress of his intellect and his worth. They have been read by those for whom they were written again and again, and were acknowledged by the whole profession as among the brightest and most valuable of the homœopathic jewels. When we look on this collection of papers, it is a hard task to be reconciled to the death of their author. When we think of what he did accomplish, it is impossible to prevent rebellious thoughts from arising when we consider what he might have done, if his life had been prolonged and his brain and energies spared for a little while to homœopathy. We have, therefore, shrank from this mention of the volume before us, month after month, until the sense of duty due the profession has compelled this reference to the labors of one who, living, we loved and respected most deeply, and, dead, we shall not cease to mourn.

The volume before us consists chiefly of essays contributed to the magazines of the homœopathic school—principally the *American Homœopathic Review*—addresses delivered before medical societies, studies of remedies, and reports of cases illustrative of the actions of remedies. The introductory essay gives title to the work, *Homœopathy the Science of Therapeutics*. This was published in the *American Homœopathic Review* in 1862, and attracted great and merited attention. It is remarkable alike for its closeness and force of reasoning, and the plain and forcible yet withal elegant English of its expression, which are the characteristics of the author's style throughout the papers which make up the present work.

There is a unity of opinion running through all these essays which serves as a connecting link to unite the disjointed fragments, although they cover a period of over twenty years of thought and practice. This is somewhat remarkable, and proves, not that Dr. Dunham was wedded to his own opinion—for no one more thoroughly and heartily despised the Sangrado-like plan of continuing to err rather than confess to an erroneous opinion—but that from the outstart of his career as a homœopapist he grasped the true idea and interest of homœopathy, and worked it out, bit by bit, by such guarded and careful methods as protected him from falling into entirely wrong opinions.

These essays, in fact, represent in part the life-work of a scholar and a thinker working for and in a cause he loved well. They have been prepared for and carried through the press by a devoted wife, and no pains or expense have been spared to present them in creditable shape, with

all the merits that good paper and clear type can add to them. Every physician who knew Dr. Dunham, either personally or by reputation, will wish for a copy of this book, both on account of its intrinsic value and the fact that the magazines from which the most valuable papers are taken ceased to be published years ago, and likewise as a memorial of Carroll Dunham. On sale at all homœopathic pharmacies.

DE L'HOMŒOPATHIE ET DE SES PROGRES. Par le Dr. X. Giraud. Librairie F. Savy. Paris: 1877.

Such is the title of a monograph in pamphlet form which I have lately received fresh from its transatlantic voyage. It is the work of a thoroughly educated physician of that paradise of Americans, Paris, France. He gives a history of homœopathy from its conception by Hahnemann up to the present time, along with copious extracts and statistics to show the steady advance of the new school in the most enlightened countries of the world.

The uncertainties, contradictions and confusion in the old system of practice are presented in a graphic manner, and the discontent and disgust of its most eminent men are made plain by copious quotations from their lectures and works.

In the preface Dr. G. says of homœopathy: "It has made its way with a firm and sure step through obstacles of all kinds. Unexpected cures, much more remarkable because they bear upon diseases which have shown themselves rebellious to ordinary treatment, have certainly conquered for it a place in the broad sunlight.

"A great many physicians, converted by the results they have witnessed, have ranged themselves under its banners; special homœopathic pharmacies have made the name of the new school common, and hospitals and dispensaries permit people of the low and middle classes to participate in its benefits. Numerous works and periodical publications present its scientific value to the light, and spread its teachings.

"But all these facts are too much ignored, and many sick remain away because they reflect that this system of medicine was born yesterday, and because they know it only from their doctors, who criticize it without knowing the first word of it. They say to some that it uses only poisons, to others that it employs only clear water. Sometimes, when their patients seem decided to quit the beaten path, they affirm that they practice homœopathy themselves in *certain* cases, when it is necessary, and that they are ready to practice as they desire.

"It is time to enlighten the public upon its dearest interests; it is time to say to those who suffer, that by the side of *official* medicine so often useless, there is another which obtains each day most remarkable results; it is time to warn families against the pernicious influence of physicians who vilify homœopathy because it comes to trouble their repose, because it forces them into new studies at the moment when they believed they had nothing more to learn.

"We propose to give an exact idea of homœopathy, a faithful picture of the principles upon which it is founded, the precious resources which it offers, and the service which it renders. We shall indicate the perils of *official* medication which leaves so many times in the organism painful and ineffaceable traces of its passage, and we shall show the results of homœopathic medication, always so salutary and in all cases absolutely free from danger. We shall compare the two opposite systems before the non-suspecting jurisdiction of allopathy, and shall see the judges of the contest condemn the ancient system, acknowledging that it has *neither faith, nor law, nor principles*; while a few among them avow loyally that the Hahnemannian doctrine has an incontestable value and is called to high destinies.

"Whilst all the other medicinal doctrines have disappeared completely from the scene after a few years of fashion, homœopathy has advanced without interruption for three-quarters of a century.

"Germany to-day raises statues to the man of genius whom she heaped with outrage when he made known to the learned world the discovery which is to immortalize his name.

"All the objections to homœopathy shall be reviewed and answered categorically. We shall group all the facts which favor the new doctrine; all the doctrines which appear of a nature to edify its adversaries, and which constitute precious arms for those who desire to propagate or defend it.

"Let physicians decide to test it experimentally, conscientiously and loyally, and we affirm that before three months they will inscribe themselves among its converts.

"May this book strengthen those who believe, enlighten those who are ignorant, give faith to those who deny! May it diminish the number of people innocent of the truth that homœopathy can cure so easily, who resign themselves to suffer and to die, in order not to change their old habits, or not to go contrary to their physicians.

"May it hasten the advance of a doctrine which is criticized without understanding, to the great detriment of science and humanity."

Dr. Giraud has done his work in a thorough manner. He has been indefatigable in his researches, has treated the statements of his opponents with justice and courtesy and by overwhelming evidence and keen logic has put the old school *hors du combat*.

There is so much valuable matter in the book that I cannot forbear giving a few extracts, believing that they will be appreciated by every friend of homœopathy in the United States.

Chapter I treats of the life of Hahnemann and the discovery of homœopathy. Two years after Hahnemann's marriage (in 1785), he went to Dresden, where, as everywhere, he was noticed by distinguished men and particularly by Dr. Wagner, the first physician of the city, who often confided to him *ad interim* the functions of Chief of the Hospital of Dresden. From 1786 to 1792 the future reformer published a series of tracts, satires and medical articles for the journals, which fixed upon him the attention of the public and savants. In 1791 the "Academy of Sciences of Mayence" and "The Economic Society of Leipzig" made him a member.

This same year he left Dresden and returned to Leipzig, the theatre of his first studies and first struggles against poverty. There after a practice of ten years, and just at the moment of attaining fortune and renown, he renounced the practice of medicine, because he had lost his confidence in it.

This resolution shattered his future and reduced his numerous family to poverty, but the scruples and delicacy of his conscience commanded him to sacrifice his tenderness as a father to his duty as a physician; he did not hesitate. This is how he tells his story to the illustrious Dr. Hufeland, his friend.

"It was a sin for me to proceed with our books always in the dark, when I had to treat diseases and to prescribe, according to some hypothesis of the disorder, things which owed their place in the *Materia Medica* only to arbitrary usage. I made it a case of conscience to treat the unknown morbid states of my suffering brethren by unknown medicines, which from their quality as active agents, could so very easily make one pass from life to death, or produce new affections and chronic evils, often more difficult to cure than the primary disease. To become thus a murderer of a brother was to me so frightful and depressing an idea that I gave up practice in order to escape doing wrong."

Hahnemann's confidence in the medicine of the schools was still more shaken when he saw himself powerless to cure or to relieve his own children, when attacked by dangerous maladies. "Why," said he, "has no one found the means of curing disease with certainty, when there has existed for twenty centuries men who called themselves physicians? It is perhaps because it is too near us and too easy; because to arrive at it was necessary neither brilliant sophisms nor seductive hypotheses. I shall seek near me where it ought to be, this means of which no one has dreamed, because without doubt it was too simple."

"I believe it necessary to observe the manner in which medicines act upon the body of man when in the quiet state of health. The changes which they determine then do not take place in vain, and they ought certainly to indicate something, because without that why should they operate? Perhaps this is the only language in which they can express to the observer the end of their existence."

The truth, as one sees, began to show itself to the mind of Hahnemann. He held from this moment the thread which was to lead him surely in the labyrinth of his explorations. This idea, at the same time simple and profound, of observing the action of medicines upon a man in good health, germinated in his mind when translating *Cullen's Materia Medica*, and having arrived at the chapter upon Cinchona, he was struck by the numerous and contradictory opinions by means of which persons had attempted to explain the therapeutic properties of this substance. "Let us cut the knot," he exclaimed. "I will try Cinchona upon myself and observe its effects."

After Hahnemann's experiment with the above, he set to work with medicines described as specifics, and, as he had felt a presentiment, he obtained with these similar results as with Cinchona. He did not stop here. Seeking all that had been written upon the action of simple drugs, upon acute poisoning and slow intoxication, and examining all the remarkable cures reported by authors, he saw the opinion that he had conceived of the mode of action of medicinal substances confirmed in an absolute manner and resolving itself into a general law.

A last proof remained to be made; it was necessary to prove the doctrine at the bedside of the sick. Hahnemann made his first experiments upon the law of similars in the Georgental Hospital, of which Duke Ernest de Gotha had offered him the direction.

The results which he obtained responded completely to his hopes.

In 1800 he made a discovery very important to therapeutics, which confirmed in a striking manner the reality of the law of similars.

In an epidemic of scarlatina, which raged in a part of Germany, he applied, according to the homœopathic indications, Belladonna to the treatment of this disease, and discovered that it was at the time the specific and preservative. This fact is to-day added to science and confirmed by physicians of all opinions and all countries. The great Hufeland was one of the first to proclaim and to popularize this beautiful discovery.

In 1811 Hahnemann returned to Leipzig and taught homœopathy publicly to numerous pupils, who aided him in his experiments upon healthy man.

Hahnemann's remarkable works, far from disarming his enemies, only stirred them up anew. From 1811 to 1820 they exhausted upon him all the shafts of ridicule, injury and calumny. Fired at last by the persecutions of which he was the object, he accepted, in 1820, an asylum offered him by the Duke of Anhalt-Köthen. If this high protection assured him liberty to work and to practice his art, it could not protect him from all insult. The doctors succeeded in exciting the inhabitants against him, and they went one day to smash his bottles with stones. These proceed-

ings inspired him with such disgust that he resolved not to go out of his house any more, and during his fifteen years' sojourn at Kœthen, he showed himself out of his house hardly two or three times. But if he went no longer to patients in the city where he lived, a rich and brilliant practice came to him from all parts of Europe; comfort and glory succeeded the long torments of his existence.

Hahnemann lost his wife in 1827. In 1835 he married a French lady, Mlle. d'Hervilles, who had come to Kœthen to consult him. It was then that he decided to leave Germany and to go to Paris, where his doctrine had begun to spread. Strange caprice of opinion! When the population of Kœthen learned his project of departure they threatened to retain him in their midst by the force with which, twenty years before, they had wished to stone him, and he was obliged, in order to avoid this violent manifestation of sympathy, to leave secretly in the night.

In Paris, the founder of homœopathy obtained successes which increased his fame. In spite of his great age, he preserved till the last all the clearness of his beautiful intellect and a robust health, which permitted him to give himself up to the most assiduous work.

During the winter of 1843 his health gradually failed, and the 2d of July he died at the age of 86 years, with the assurance of having, for the benefit of humanity and the glory of himself, reconstructed upon a solid foundation an edifice which he confided to numerous and ardent disciples to perfect and guard.

Chapter II gives the title of sixty different works which Hahnemann published, several of them requiring two to six volumes and running through several editions. To these it is necessary to add translations into German of over twenty French, Italian and English works, and the publication of a great many articles in periodicals. "Such," says Dr. G., "was the labor of Hahnemann; a colossal task, which seems manifestly above human power. Our readers will certainly ask how the most of the physicians could receive with contempt a doctrine resulting from such labors. They will also ask how men self-styled grave and serious, could tax homœopathy with absurdity and refuse not only to experiment, but also to even examine it, when it was said to be founded upon the observation and experience, upon the solid and true basis of therapeutics."

Chapter III is of "Allopathy judged by Allopaths." Quotations are made from the most celebrated old-school authorities of these and earlier times, which show their lack of faith in therapeutics and the chaotic state of official medicine. Of these authorities, Valling says, "All which is called medical practice is in the end an odd mixture of the superannuated remains of all systems, facts often badly observed, and sometimes transmitted to our fathers."

The celebrated Professor Louis said, in a full sitting of the French Academy of Medicine: "The most of the methods of practice offer deplorable results, and I owe to them the loss of persons very dear to me."

Another French professor said to his class: "Our therapeutics offer nothing stable and certain. For two thousand years they have made no advance; they are not even in the embryonic stage, because they contain no germ of life."

Professor Calvi said: "There is in medicine neither principle, nor faith, nor law. We build a Tower of Babel, or rather we are not so far, we construct nothing."

Magendie said: "Where the physician is the most active the mortality is the most considerable."

Dr. Latour, editor-in-chief of *l'Union Médicale*, says: "There is, in, Paris, neither a school nor teaching; there is a university where twenty-six professors, paid by the Budget, come to impose individually their opinions and their doctrines."

Chapter IV treats of "Homœopathy Judged by Allopaths." In it are gathered numerous frank avowals of the truth and value of homœopathy from men distinguished by their talents and position in medicine. The illustrious Hufeland said: "I have often seen, and many persons worthy of belief have seen, *homœopathy show itself efficacious in grave diseases where all other methods have failed*" Hufeland was the first physician to the king of Prussia. He rendered the greatest homage to homœopathy by choosing for his successor, near the king, a homœopathic physician, Dr. Stapf.

Professor Fletcher, of Edinburgh, said: "The *Organon* of Hahnemann is an original and interesting book, comprising, in a single page, more good reflection than all the works of his adversaries taken together."

Dr. Goubeyer, another allopath, says: "The Hahnemannian school offers to physicians most precious resources for the treatment of disease. The more I study the more I am astonished by the favorable conclusions which arise for the Hahnemannian school. I challenge all serious and intelligent physicians who wish to go to the bottom of all traditions and modern observations and all the works of the *Materia Medica*, not to arrive by the logic of facts at the same opinion."

Chapter V is "An Exposition of Homœopathy and a Comparative Examination of its Principles and those of Allopathy."

It is divided into: "1. The Law of Similars; 2. Pure Experience; 3. The Single Medicine; 4. Small Doses." Quotation here would be a labor of supererogation. The principles of our system are set forth so clearly and concisely that it is a positive pleasure to go over again the familiar *præcognita*. It is like visiting one's childhood home and living over in memory the delights of youth in happy oblivion of harsh worldly struggles. There is much valuable matter condensed in this chapter, however, for doubters and those weak in the faith, and the deductions in favor of our system, from facts presented, are masterly in their logical acumen and superb rhetoric.

Chapter VI is divided into: "Objections and Answers: 1. The French Academy of Medicine rejects homœopathy, hence the doctrine is without value. 2. The Academy of Medicine has rejected homœopathy only after one examination. 3. Infinitesimal doses can have no action. 4. Homœopathic medicines are poisonous. 5. The cures obtained by homœopathy are due to diet, nature and the influence of the imagination."

This chapter is one of the finest conceptions of the author, and shows the contortions and contradictions of French academicians in the presence of truth, in such a manner as to make them simply ridiculous.

Poor M. Andral and his investigations get roughly handled. With no translation of Hahnemann's works, and unable to read the German, Andral starts out, like Don Quixote, to battle against everything except the enemy. His conclusions are shown to be valueless, because of his unscientific and unhomœopathic methods, and the hungry profession swallow his bolus without regard to the ingredients.

Dr. Giraud has this to say about the imagination: "Ancient medicine has accustomed us to long and complicated perscriptions; there is necessary, for the sick, potions, pills, syrups and ointments; the more abundant the material, the more bulky the remedy, the more they count upon its efficacy. On the contrary, they regard with uneasy surprise our medicines, the delicacy and apparent uniformity of which shock their habits and clash against their prejudices.

"If the cure is delayed they become soon discouraged, and are always upon the point of returning to classical medicine; if the cure takes place with unexpected promptness, they are astonished and strongly tempted to refuse the merit of it to the medication, so easy and so simple, which they have followed.

"In all ways the situation is disadvantageous for homœopathy, and it is certainly but by very real and positive success in which the imagination has had no part, that it has been able to conquer the favor which it enjoys at this hour in all the countries of the world."

Chapter VII is of "Principal Allopathic Modes of Treatment and their Dangers." Every one in practice knows all about them. There is such a summary of malpractice in this chapter, that even *Æsculapius* might tremble. Devilish things are done in the name and with the sanction of science, and Dr. G. has done well in exposing and summarizing the doings of certain physicians who, under the guise of humanitarians, with egotistical ignorance and reckless audacity practice their destructive measures. There are keen observers amongst the laity of the nineteenth century, and homœopathy gains by the contrast.

Chapter VIII treats of "Conversions to Homœopathy."

Chapter IX "Some Official Figures." These are comparisons of results of allopathic and homœopathic treatment in hospitals where the governments have permitted the two systems to be practiced side by side. The figures, given under official seal, show a mortality under old-school treatment of double that under homœopathic

Chapter X is "Comparative Treatment of the Rival Methods in some Diseases."

"Allopathy having no true law of therapeutics, each allopath is reduced necessarily in practice to his own inspiration, and from this results a variety of methods, a multitude of remedies and a series of gropings, which have no limit. Homœopathy, on the contrary, being based upon a positive law, possesses general rules, which are the same for all homœopaths in all countries. Ten homœopaths would treat a case in the same fundamental manner. Ten allopaths would each give a different opinion and would each prescribe a treatment opposite to that of his confrères."

"In cholera the allopaths use almost 1800 different prescriptions—homœopaths only five or six. In dysentery, puerperal peritonitis, typhoid fever and many other diseases, allopaths use a great many and homœopaths very few remedies."

"Homœopathy has unity, simplicity and method; presents to the practitioner a fixed law and regulating principles, which make its practice direct and certain."

"On the side of official medicine, on the contrary, one finds only confusion, disorder and an absence of all rule. In allopathy it is necessary to try, to grope, to reject what injures, to keep what solaces; that is the rule according to Professor Trousseau."

"When one has no other method than groping, no other compass than inspiration, one ends fatally in skepticism."

Chapter XI is on the "Skepticism of Physicians of the Official School."

Magendie said to his class: "For more than ten years I have not needed to resort to bleeding more freely than sixty to eighty grammes; in other words, I purposed to act upon the mind of the patient rather than upon the circulation, and I fear not to avow that my practice has not been more unhappy."

Professor Valling says of the blister: "Most doctors who use it in pleurisy do it only because it is generally recommended, and not because they are sure of getting good effects from it."

According to Malgaigne, "The seton agrees when one does not know what else to do. It is not that I believe much in it, but it is a means which acts upon the imagination of the sick, it produces a moral effect."

In a discussion before the Academy of Medicine at Paris, there were as many different ways of treatment presented for acute rheumatism as there were members present. Professor Bouchardat concluded by say-

ing, "that the medicines praised by each of his confrères were all, or almost all, useless and dangerous."

From *Abeille Médicale*: "A medical experiment is no sooner announced by Peter than it is denied by Paul. It is a spectacle of death not only for the animals, but for our scientific faith, to which we should become accustomed."

Malgaigne in a full sitting of the same French Academy of Medicine mentioned before, said: "A complete absence of scientific doctrines, absence of principles in the application of the art, empiricism everywhere; such is the state of medicine."

These are the teachings which the young gentlemen who fréquent l'Ecole de Paris, the most celebrated school of the world, are going to receive from the lips of their professors. They are going to learn that allopathy knows not when a malady is cured, whether the treatment has saved the patient or whether it has only retarded the cure.

They are going to learn that experience serves for nothing in medicine; that hazard is the only god of therapeutics, and that they study in order to become doctors and interpreters of it.

They are going to learn in fact, that in the presence of disease they can conscientiously treat it as they please, with active medicines or with expectant donothingism.

"When one compares without prejudice the incredulity of old-school doctors to the ardent faith of homœopaths, their enthusiasm, their zeal of propagandism and all things having their source in a certain therapeutic law, and in an admirable community of principles, it is impossible not to avow one's preferences for the side of enthusiasm and convictions; one feels, in fact, that there is life, movement, progress, and to say it all in one word, truth."

"It is a fact worthy of note," says the celebrated Wolff, "that no one has yet seen a single homœopath cast upon his art the desperate reproaches which the most loyal amongst allopaths have not spared to theirs."

This ends the book proper, the arguments; but their remain eighty-four pages of great interest to the profession, including laws passed in different countries, statistics, quotations, society discussions, remarkable cures and lists of homœopathic publications, which I shall be only too happy to present to the readers of our *Hahnemannian*, from time to time, as occasion favors.

One extract of permanent interest, in the last part of the book, upon the statistics of different countries, I append:

| | Homœopathy in Germany. | In England. | In Belgium. |
|---------------|------------------------|-------------|--------------|
| Physicians, | 600 | 500 | 150 |
| Pharmacies, | 15 | 16 | 4 |
| Hospitals, | 8 | 5 | None. |
| Dispensaries, | 10 | 45 | 8 |
| Societies, | 11 | 6 | 1 |
| Journals, | 6 | 3 | 1 |
| | In Spain. | In Italy. | In Portugal. |
| Physicians, | 300 | 250 | 110 |
| Pharmacies, | 4 | 10 | 5 |
| Hospitals, | 1 | None. | None. |
| Dispensaries, | 3 | 5 | 6 |
| Societies, | 1 | 3 | None. |
| Journals, | | 2 | 1 |

| | In South America. | In France. | In Russia. | In North America. |
|---------------|-------------------|------------|------------|-------------------|
| Physicians, | 250 | 300 | 105 | 8000 |
| Pharmacies, | 8 | 14 | 10 | 16 |
| Hospitals, | 2 | 12+ | 1 | 4+ |
| Dispensaries, | 25 | 20? | None. | 12 |
| Societies, | 2 | 1+ | None. | 20 |
| Journals, | 2 | 3 | 2 | 10 |

The plus and interrogation marks are mine.

Dr. Giraud, like all Frenchmen having a partiality for Paris, neglects to give full statistics of France; just what would be of great interest to physicians of the United States.

Homœopathic affairs of Paris are presented *in extenso*, but there are only passing allusions to those of the other cities of the Republic. The doctor should understand that homœopaths watch the progress of homœopathy in the four most enlightened nations of the world with anxious solicitude.

France, as the acknowledged centre of science, literature and art, must regain her former prestige as a leader of thought. This omission is the only real defect in the work before me, and, for the great treasures contained between its covers, can be easily forgiven.

To one familiar with *Sharp's Tracts* and *Holcombe's Essays*, who has climbed into homœopathy by a thorough examination of its literature, perhaps Dr. Giraud's book may seem to be a plagiarism; but such is not the case.

It is a condensation and union of almost everything calculated to enlighten one upon history, principles and progress of homœopathy, and, therefore, contains things not all new, but credit is given wherever it is due.

The work is an admirable summary, and should be read by every practitioner of medicine of whatever school, and particularly by under-graduates and those fresh in practice.

The egotistical editor of the *Philadelphia Medical Times*, who has forgotten that

"Errors, like straws, upon the surface flow,"

and who seems unable, so far, to comprehend our system, may clear up his mental capacity and derive profit from its perusal.

Those who read French will find pleasure in the classic pureness of the composition which cannot be discovered in my hasty excerpts, roughly translated.

I advise those who do not, to learn the language for the purpose of reading this single book.

If ever a work deserved to be translated into all languages, it is this one.—DR. W. H. WINSLOW.

A LARGE number of valuable works are on our book desk awaiting future reference.—EDITOR H. M.

SPIRIT OF THE MEDICAL PRESS.

In the September number of the *Monthly Homœopathic Review*, Dr. A. C. Clifton continues his Clinical Notes from Daily Practice. He mentions the case of an old gentleman who had colic from eating old cheese, and whose pains were quickly relieved by Colocynth 3. The following morning he found the patient had suffered all night from a violent itching, stinging sensation over the whole body, face red and swollen, and

large patches of redness and *urticarious wheals* over neck, trunk and extremities. He was promptly cured by *Chloralum* (chloral hydrate), four grains in six ounces of water, a dessertspoonful every two hours. Another case of urticaria was likewise as promptly cured by the same remedy.

Follicular Pharyngitis.—Dr Clifton treated eleven cases of follicular pharyngitis, all of which were cured with *Æsculus hipp*. The first cases he thought were common sore throats, and he gave Acon., Bell. and Merc., but as other cases came in he suspected an epidemic. All these cases presented very similar symptoms, as follows: General malaise for a week or ten days, then dryness and soreness of the throat, especially on swallowing, which was followed by some stiffness about the neck and throat; constant tickling in the throat and desire to swallow and to hawk or clear up something; swallowing saliva was difficult and in some cases caused pain up to the ears; in about three-fourths of the cases there was hoarseness; in four there was a tickling cough, aggravated by pressing on the larynx. As concomitants in nearly all the cases there was heaviness in the forehead or occiput, poor appetite, tongue slightly coated, feeble digestion, weight and fulness in the hepatic region, and constipation; in five cases there were hæmorrhoids. In most of the cases the throat was of a dusky red, in some bright red; there was general ulceration and swelling of the mucous membrane; uvula swollen and elongated; in some the tonsils were slightly swollen; in all there was more or less of a papular appearance to be seen on the soft palate and uvula, whilst in the posterior wall of the pharynx the mucous membrane appeared studded with small elevations from the size of a grain of sago to that of a horsebean, and the whole covered by a thin layer of mucus. *Æsculus*, third decimal, was given, one drop every four or six hours; in twenty-four hours some of the cases were better of the throat affection, and in three cases most of them were convalescent.

Æsculus was also tried in two cases of *lumbago* with satisfactory results.

A case of *syphilitic keratitis* was cured by *Aurum* 3d. *Right eye*. Great indistinctness of vision; he cannot discriminate between different letters, however large, and, in fact, can only distinguish light from darkness; some photophobia; pupil dilated and inactive; general haziness or dulness of the cornea, which appears to extend into its substance, or between its layers, and in the centre of the cornea is a more dense white spot, and a zone of redness around the cornea. *Left eye*. Rather more vision than in right, but all objects appear to him enveloped in mist; cornea bulged forward, the upper half of it appearing as if there was pus between its layers, and as though a pustule would form on its surface; from this a vessel extended backwards and upwards, while around the cornea was a circumscribed zone of redness as in right eye. There was also pain around the orbit, especially at night, and some photophobia.

In addition to this condition of the eyes, his throat was sore, and bore unmistakable evidence of secondary disease, and he had also several copper-colored spots about his neck and other parts.

He had been treated by an allopathic specialist. Dr. Clifton gave him *Aurum fol.*, 3d trituration, one grain three times a day, from the 17th of April until May 22d. At the end of this time the eyes were so much better that the man resumed work; his eyes at the time of writing were nearly clear, with very slight haziness of each cornea, and some minute specks appearing between the laminae.

In the June number of the M. H. R., Dr. Clifton gave his experience with *Magnesia muriatica* in hepatic affections. In the September number he relates four more very interesting cases.

Capsicum has been used for *gonorrhæa* by Dr. Clifton, but we should

say with very indifferent success. He has used Capsicum with much benefit in relaxed sore throat and throat cough, in the 1st decimal dilution; and in some cases of subacute inflammation of throat, with dryness and smarting, but in the 3d decimal dilution; also in the relaxed uvula of spirit-drinkers or tobacco-smokers, especially if there is the characteristic condition of morning retching. In such cases the 1st decimal dilution answers best.

A case of *navus* in which *Lycopodium* appeared to exercise a very beneficial action. This was a case in which an infant girl had a large subcutaneous *navus* on the right side of the body just below the free border of the ribs, and another on the upper and inner side of the thigh, extending to the labium of that side. After the administration of various medicaments without effect, excepting slight benefit from Lachesis, Dr. Clifton noticed chafing of the folds of the skin and some deposits of lithates from the urine upon the diaper, and this led him to look up *Lycopodium*, under which medicine he found a majority of the child's symptoms, including "vascular tumors," "*navus maternus*." In about two months' time, under the use of *Lycopodium*, from the 6th to the 200th, but chiefly the 30th, the *navi* were nearly dried up and the child's health was much improved.

Follicular pharyngitis is the subject of a lecture by Dr. D Dyce Brown, published in the same number of the *Review*. The medicines he mentions as most useful in its treatment are *Æsculus hipp.*, *Hepar sulph.*, *Lachesis*, the Iodide of mercury and *Kali bichromicum*.

Æsculus hipp.—Dry, uncomfortable feeling in the fauces and pharynx, a sensation of constriction, with raw, excoriated feeling or a sense of pricking; frequent desire to swallow, uneasiness in deglutition, a troublesome tickling cough, with constant hawking up of mucus, which only increases the raw excoriated feeling. The fauces, uvula and back of the pharynx are dusky-red, congested, relaxed or swollen. There is also stomach disorder, coated tongue, general malaise and depression.

Hepar sulph—Suitable to the condition of chronic venous congestion of the pharyngo-laryngeal mucous membrane. The throat is dry and raw, with a sensation as if there was a splinter pricking it, or a plug of mucus which he needed to swallow or hawk up. This state causes constant hawking efforts; the mucus is sometimes tinged with blood; hoarseness and cough, the cough being tickling and harassing, sometimes dry, and at other times bringing up a good deal of mucus.

Lachesis.—Suitable to mild forms of the disease, where the nervous element prevails largely, and the severity of the symptoms are out of proportion to the morbid appearances. The patient says there is something sticking at a particular part of the throat or windpipe, which if coughed up relief will follow. Cough dry, tickling, often spasmodic, causing even an approach to retching, while nothing but a little mucus is expectorated. It is generally worse on lying down, and on change of atmosphere. There is a dry, shining and dusky-red state of the pharyngeal mucous membrane, while on pressing the larynx at a particular spot you cause a tickling sensation, inducing cough.

Kali bich.—With throat symptoms similar to those of *Æsculus*, there is also an accumulation of sticky tenacious mucus in the pharynx, with tendency to hoarseness and tickling cough. It will be still further indicated if, with the condition of the throat described, there is chronic nasal catarrh, a tongue covered with a yellow slimy coat, more or less stomach disorder, little taste in the mouth and tendency to nausea.

Dr. MATHIAS ROTH contributes to the treatment of *facial paralysis* (*Idem*). This is a very interesting paper, reprinted from the *Annals of the British Homœopathic Society*, but too lengthy for our purpose. After

a description of the seventh or facial nerve, and the causes, symptoms and prognosis of the hemiplegia facialis, he recommends chiefly in its treatment the direction of the will to the paralyzed muscles by certain methods of breathing, and the pronunciation of certain letters and words, and the passive manipulations, such as frictions, kneading of the single muscles, percussion, pinching or nipping with the fingers or pincers, etc.

AGARICUS MUSCARIUS AND GLONIN (*Idem*).—Dr. Sidney Ringer and Mr. Morehouse have been instituting provings of Muscarin in the human subject, and the symptoms produced simply corroborate the homœopathic provings of the *Agaricus mus*. Dr. Lauder Brunton has been investigating the action of Glonin on the lower animals. He found that in cats it produced very decided paralysis, which he ascertained to be due to action on the cerebral motor centres, and not in the cord, at least primarily. He also finds that Glonin is a muscle-poison. When he comes to the action of the Glonin on the brain, his results are from observations upon himself and his assistant. It not only amply corroborates our provings, but is interesting as a testimony to the power of infinitesimal doses. He writes: "One of the most remarkable effects of nitroglycerin is the intense headache it produces, even in infinitesimal doses. Almost all observers agree about the fact, but they differ as regards the nature of the headache. According to our experience it is not always of the same kind, being sometimes frontal, sometimes occipital, sometimes affecting one side only, and at other times the whole head. In one of us it was several times accompanied by vomiting. . . . None of the poison was taken by the mouth, and as it is non-volatile, the amount taken in by the lungs must have been infinitesimal. It is possible that, as some writers have supposed, a little of it was absorbed by the skin, but the quantity thus taken must have been necessarily minute." In naming the authors who have experimented with Glonin, Dr. Brunton mentions Dr. Hering.

THE October number of the *Review* is mainly taken up with an account of the British Homœopathic Congress, held at Liverpool, September 13th, and the publication of Mr. Pope's address before the Congress, which was published in full in our October issue.

Dr. Drysdale read a paper "On the Opposite Action of Drugs," which controverted the recently promulgated ideas of Dr. Wm. Sharp on this subject.

Dr. Richard Hughes read a paper entitled "The Two Homœopathies," in which he divided the history of homœopathy into three eras, characterized by three different modifications in the method of practicing.

Dr. Edward Blake read a paper on "Pulmonary Emphysema," which is pronounced excellent.

We trust we shall be enabled to present these papers more or less in full through the kindness of Mr. Pope.

The Congress discussed the question of the name of the new school of homœopathy established in London, which has been for some time a vexatious question for British homœopathists.

Dr. Moore, of Liverpool, moved the following resolution: "That this Congress regrets that the London School of Homœopathy has adopted a special instead of a general title."

Dr. Herbert C. Nankiville moved as an amendment, "that the name of the school should remain for the present the *London School of Homœopathy*;" Dr. Gibbs Blake suggested "School of Therapeutics," and Dr. Drury proposed the name of "London Homœopathic Hospital and Medical School." The amendment of Dr. Nankiville was carried by a vote of 45 to 14, and the school will continue to be called the London School of Homœopathy. This is as it should be, and shows very plainly that

British homœopathists, like Britons in general, are not very willing to haul down their flag, and more especially in the face of the enemy. We are pleased to note that Dr. Richard Hughes took a very decided stand in favor of Dr. Nankiville's amendment. The homœopathic atmosphere of England will now be clearer for many a day. This Congress was notable for its large attendance and for the kindly and courteous spirit shown by all the debaters when such a "bone of contention" was thrown to them. It is a pleasure to read the remarks made in such a broad and tolerant spirit.

CONFERENCE UPON HOMŒOPATHY (*Revue Homœopathique*, Août, 1877). —Dr. Martiny says: Hahnemann, after curious experience which led to the discovery of the action of infinitesimals, obtained by their means marvellous success. You have not forgotten with what series of attenuations he succeeded; with dilutions so elevated that it appears improbable they could cure so many cases. From these to absolute generalization by the employment of imponderable substances was but one step. . . . Are we not all really led in the order of things to draw general conclusions from an accidental fact, if it presents itself to our eyes several times under identical conditions? Hahnemann had obtained such beautiful and constant results from the employment of high dilutions—the 30th above all—that he made them, with the best faith in the world, a necessary rule.

But experience has not always come to corroborate the views of the master. In proportion as homœopathy has developed, as the number of its disciples has increased, as cases more numerous and varied have been submitted to them, inevitable exceptions to the rule which Hahnemann wished to establish have come to light. Men have not been slow to prove that, if one medicine develops all its power in a very high dilution, more elevated than the 30th, if it has in these conditions a cleanliness and astonishing promptness of action, there are others, on the contrary, which act well only in a dose very near to that called massive. Moreover, the same medicine, which in one disease will act in a high dilution, will cure another affection only when it is employed in an extremely low dilution.

It is an admitted point by all homœopaths, except the pure, who hold still rigorously to the opinion of the master, that in certain circumstances the low dilutions and attenuations, indeed massive doses, are preferable.

It has been impossible so far to establish an invariable rule of dose. . . . Homœopaths of all countries are working arduously to elucidate the question of the choice of dilution. Every year numerous works come to cast a bright light upon this yet obscure point, and every fact prophesies that before long science will register a general law permitting very few exceptions. We wish to be indebted for this law only to observation; following in this the example of the master we have recourse only to the experimental method; we shall not decide this subject until we shall have accumulated a considerable number of facts to serve as a basis for a true unquestionable principle. . . .

Does homœopathy consist, then, in the employment of high dilutions, and is it sufficient for a practitioner to prescribe a small dose in order to believe himself worthy of being put amongst the number of homœopaths? The law of our doctrine is *similia similibus curantur*. Consequently a physician who administers a gramme of Sulphate of quinine for an intermittent fever (it is the dose sanctioned by experience) practices homœopathy quite as well as he who orders this same Quinine in the 12th or 30th dilution in certain forms of chronic diarrhœa. These are the attenuations which succeed the best according to clinical experience.

The discovery of the medicinal action of infinitely small doses remains, nevertheless, one of the most fruitful in the domain of therapeutics. It has enriched our Pharmacopœia with a quantity of substances inert in their natural state, such as Chalk, Silica, Lycopodium, etc., which acquired, by separation of their molecules, remarkable medicinal powers. . . . The grandest claim of Hahnemann is not having forcibly presented the law of similars, but having discovered the action of small doses, without which the application of this law would have often been impossible—they act in a goodly number of cases when ordinary doses would be inoperative.

It is to small doses, prepared according to the Hahnemann method, that we owe our most beautiful cures. To give up the use of infinitesimal doses would be to deprive ourselves of our most powerful means of action in a great number of diseases. . . .

The extreme tenuity of medicinal preparations made Hahnemann and his contemporaries admit the necessity of an excessively severe regimen. They believed the least odor, the slightest emanation to which a patient was subjected, would destroy the action of the medicines, and proscribed a great many articles of food and kinds of beverages as capable of neutralizing the remedies.

Our adversaries, in the presence of cures due to homœopathy, cried: "Your cures are the work of the severe regimen which you impose upon your patients." To this we should have answered: "We do not forbid any one from curing in this fashion." Be assured they would not have tried it. One knows too well that regimen cannot supplant medication. . . . To-day a special homœopathic regimen does not exist. Experience has abundantly proved that the severe regimen of former times is no longer necessary, as the action of our medicines is not so easily neutralized as was at first believed. We confine ourselves to giving our patients the usual hygienic directions. We recommend them to avoid excess. In disorders due to an error in habits or manner of living, we correct the error. It is unnecessary to state that then the cure occurs without medication of any kind in virtue of the principle, "*sublata causa tollitur affectus*." We often show ourselves less rigid than the allopaths. We rarely proscribe coffee, against which Hahnemann waged such a desperate war. He attributed to this drink of the poets a great number of the maladies which afflict poor humanity; I suspect that he did not like it. On the contrary, tobacco found favor in his sight, and history, always indiscreet upon the foibles of great men, pretends that his pipe was a faithful companion, which scarcely left his lips from dawn to evening.

What gives power to our doctrine, what assures it an incontestable superiority over its rival is, that it rests entirely upon experimentation. We do not fear to avow, in spite of all the admiration we profess for the genius of the master, that as long as he remained faithful to his experimental method he marched with a sure stride, marking each of his steps by a new advance, by a new discovery. When he abandoned it to give himself up to theoretical conceptions, he erred, and the later progress of homœopathy has contradicted several of his assertions.—W.

As a specimen of double back-action, diastaltic, adumbrate, circumambient obfuscation, here is a sentence translated literally from the German, such as a poor translator is often obliged to Anglicize: "Our view goes so far, that we it in the sausage, as in cheese poison, with processes of decomposition of organic substances, fat, and nitrogenous stuff, in consequence, in which itself in a short time fungus growth tends to develop, to have, to be."—W.

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DIETETICS IN RELATION TO INFANTS AND YOUNG CHILDREN.

BY THOMAS MOORE, M.D., OF GERMANTOWN, PHILADELPHIA.

(Read before the Homeopathic Medical Society of Pennsylvania, October, 1877.)

THE weekly reports of the fearful mortality of children under two years of age, make it evident that some great fault exists either in medical treatment or hygienic management. We are not willing to admit that the fault so much belongs to the treatment as it does to the matter of hygiene, and I am satisfied that too little importance is attached to the idea of preventing sickness in children, and that attention to this point has not been altogether in the right direction, and consequently has often failed in yielding satisfactory results.

Disease is predicable only of vitality, and is purely dynamic in its nature. Whatever the form it assumes, or whatever the pathological condition or structural alterations it presents, all undoubtedly originate in abnormal action of the life-force.

The state of the system previous to the indications of disease has a decided influence upon the course, severity, and danger of every case of sickness. And it is the great object of hygienic science to teach us how to maintain a perfect physical condition and preserve a healthy integrity of life-force, in order that the vital energy may thus be able to resist the influence of disease-producing causes. The principal means of effecting this object is proper nutrition of the body.

In this paper I propose to show how infants and young children are often very imperfectly nourished, and that a defective condition of the system is thereby developed, inducing

a tendency to disease ; and also, with the view of preventing sickness, to suggest some hygienic principles in the proper nourishment of infants, from birth until the completion of primary dentition.

If the law of nature, which demands that the mother shall nurse her own offspring, was faithfully observed, and if all the circumstances and conditions of the nursing mother were such that she could properly fulfil this most important duty, and abundantly supply her infant with the only nourishment that nature herself provides for it, the frightful sum of infant mortality which is now presented would be, no doubt, greatly diminished.

The mother's milk, or that of a wet-nurse, is the only proper nourishment which an infant should receive until the process of dentition is fairly established. It is of the first importance, therefore, that the nurse herself should be in the best condition of health if she would furnish wholesome nourishment to the child, for no infant can possibly thrive upon the milk of a poorly fed, ill-conditioned and unhealthy woman ; and every nursing woman should know that through either physical or moral causes, the state of her own health may become so affected as to change the character of her milk. This may be carried to such an extent as to excite immediate sickness in the child, or to produce a defective condition of its system, rendering it peculiarly sensitive to the influence of external disease-producing agents.

While there may be other predisposing causes operating to produce illness in an infant raised exclusively upon the breast, the most probable one must be looked for particularly in the quantity and quality of the milk furnished by the nurse. The fact of such an infant, fed altogether from the breast, becoming affected by the various exciting causes of disease (which are often so obscure as to be entirely conjectural), and which develop diarrhœa, vomiting, or cholera infantum, terminating as they frequently do in hydrocephaloid affections, is to me almost positive evidence that a predisposition had been previously established, the presumptive cause of which will most likely be found in the defective character of the nurse's milk. For it may be taken for granted that a child born of healthy parents, having consequently no hereditary nor acquired predisposition from other causes, if amply supplied with milk from a healthy nurse, ought to, and generally will, resist the effects of most of the ordinary exciting causes of dis-

ease, and we may assume that the susceptibility to disease is so slight that it will rarely be developed.

There is no especial regimen required for a nursing woman, except that her diet should consist of a generous and nutritious variety of that kind of food which is best calculated to form and maintain a healthy condition of the system. But by generous and nutritious food is not meant a diet composed mainly or even largely of animal substances. The popular notion that health and strength are best developed and sustained by a large proportion of animal food is, in my opinion, altogether erroneous. Our largest and strongest animals do not obtain their great strength from animal food. And the nursing mother who accepts this idea of the necessity of animal food with the view of improving the health or increasing the strength of herself or of her child, will find out, when perhaps too late, her great mistake. We might reasonably suppose that the milk of a nurse who lived almost exclusively upon animal food would partake somewhat of the character of the carnivora; and yet no one would presume to suggest the absurd idea of feeding a feeble, delicate child upon the milk of a carnivorous animal, with the intention of improving its health or increasing its strength.

A general diet consisting chiefly of a variety of fruits, vegetables and grain-food is, undoubtedly, the very best and most natural nutriment for a nursing woman; not only to preserve a normal condition of health for herself, but also, as a consequence, to promote the abundant secretion of wholesome milk for her infant.

Women, while nursing, often deprive themselves of certain articles of food, for fear of producing therefrom colic or other hurtful effects in the child. It would be almost useless to attempt to overcome the strong prejudice which exists upon this subject. It frequently leads nurses to habitually abstain from certain vegetables, vegetable acids or acid fruits. There is, however, a much greater danger to be apprehended, both to nurse and child, and that is, that the health of the nurse will become gradually impaired, in consequence of her system being deprived of those articles which are usually wholesome and often very necessary to maintain it in a normal condition. Under these circumstances, in proportion to the existing need and deficiency of vegetables and vegetable acids in the system, there will be developed in the nurse a condition similar to that of scurvy. The gums will become tumefied, and the *scorbutic red line* at the edge of the gums around the teeth

will soon make its appearance. From a continued increase of this condition of the system—as manifested in the appearance of the gums—the “nursing-sore-mouth” of nursing women would be most undoubtedly developed. Now it is not possible for a woman whose system is in a scorbutic condition to furnish wholesome nourishment to a suckling infant. The nurse’s blood is not supplied with the required and proper materials to maintain her own system in a healthy state, nor to secrete nutritious milk for the child, who, being deprived of those necessary substances which are imperatively required for its growth and the healthful development of its system, which it ought to receive through the milk of the nurse, and can obtain from no other source, will suffer from all the consequences of defective nutrition. If actual disease is not thereby immediately developed in the child, there will be at least a defective condition induced, predisposing it to every exciting cause of disease.

We have usually no means of ascertaining the pre-existing condition of this susceptibility in the nursing infant until we are made aware of the fact by the appearance of positive symptoms of sickness, unless we have reason to know that the child has not been receiving the proper nutriment, or that the nurse was incapable of supplying such.

With an experience of thirty years, largely engaged in the treatment of children, many cases confirming these views have come under my observation, one of which I will here state.

An intelligent lady on a visit from Boston, requested my attendance upon her sick infant. The child was being nourished by a wet-nurse, and had been, until within a few days, apparently in good health. The weather at the time was intensely hot, with cool mornings and evenings. The child was having very frequent evacuations from the bowels, and, with other symptoms of cholera infantum not necessary to refer to here, was becoming rapidly emaciated. Suspecting the predisposing cause of the sickness to be defective nutrition, I made careful inquiry concerning the nurse, and although assured that she was quite well and had all the appearances of perfect health, I requested to see her. She was questioned particularly in regard to her diet, and it was ascertained that through fear of producing colic or other derangements of the bowels in the baby, she had abstained almost entirely from vegetables and vegetable acids, and was subsisting upon meat, bread and tea. The appearance of the nurse’s gums indicated the scorbutic condition of her system

—the natural consequence of such a diet—the dental margin of the gum surrounding each tooth being distinctly marked with the peculiar *red line of scurvy*. Finding this to be the case, I proposed to the mother, after fully explaining my views, and with her consent, to cure the child entirely without medicine, simply by changing the diet of the nurse. The nurse was then ordered a diet of vegetables and vegetable acids, consisting of potatoes, tomatoes, cabbage or cold-slaw, with plenty of ripe fruit; lemonade was given as a drink, with as much bread or other farinaceous food as desired. She was requested to abstain from the use of all animal food, and to continue nursing the child as usual. There was no aggravation of the symptoms of the child from this sudden change of diet in the nurse; on the contrary, a very decided improvement commenced at once, and in a very short time it was entirely well, and continued so as long as this course was pursued. In this case, the cure was effected by acting indirectly upon the child, through the nurse, in the change of diet. The predisposition to disease in the child had been inlaid by the nurse, and the warm weather with the sudden changes of temperature of the cool mornings and evenings, were the most probable exciting causes which developed the sickness.

We may not always be able to so promptly cure such cases without the use of medicine; but even when we are obliged to administer remedies, we can frequently accelerate the recovery by judicious hygienic treatment.

The noted exemption of nursing children from zymotic diseases, especially scarlatina, has lately given rise to the suggestion by Dr. W. H. Burt, of Chicago, in the *American Homœopathist*, vol. i, No. 2, that “a general diet of cow’s milk is the true prophylactic for scarlet fever.” The fact is, that only those children who are properly nursed by a healthy woman have a general immunity from scarlatina or other zymotic diseases, because the mother’s or nurse’s milk is their only proper, natural and suitable nourishment; and, as a consequence, being thus efficiently nourished, their systems are enabled to resist the effects of the subtle causes of disease. Cow’s milk, in its natural condition, as will be hereafter shown, is not a suitable substitute for the milk of the mother or nurse, and consequently could not enable the nursing infant or older children to resist the exciting causes of scarlatina or other diseases; hence we would have no reason to expect cow’s milk to possess any such prophylactic powers, either in scarlet fever or in any other form of disease.

Defective nutrition and its consequences, although very frequently observed in suckling infants, are much more commonly seen in those "brought up by hand." Nature clearly indicates that in the absence of teeth the infant's system is not yet in a condition to receive solid food in any form. And until the eruption of the incisor teeth the organism is not adapted to receive, digest or assimilate anything except the mother's milk or something analogous to it.

Before the eruption of the incisors, the system of the infant takes but little if any part in the process of metamorphosis of tissue, by which the organic vegetable products of the earth are transformed into the organic animal matter from which the tissues of the body are formed. Consequently farinaceous or other prepared foods of that character which contain nutritive principles quite suitable for children during or after teething, are not appropriate before dentition. The starch contained in farinaceous food, together with the sugar into which the starch is converted in digestion, are in themselves incapable of supporting life for any length of time. Besides the part they are supposed to take as carbonaceous substances, in keeping up the animal temperature, they are known also to contribute to the accumulation of fat in the body. Hence a child fed upon farinaceous food before the period of dentition might have all the appearances of perfect health, and become fat and hearty from the effects of the starch and sugar contained therein, while at the same time it may be actually starving to death, because incapable of converting the gluten, which is the great nitrogenized principle contained in that kind of food, into its own tissue.

Farinaceous food, and all the variety of preparations made of farinaceous substances, while they may be most nutritious and essential to children during or after dentition, are therefore totally unfit for nourishment to infants before that period.

The phosphates and other inorganic matters of the earth, so essential to the growth of the body, the formation of the bones, teeth, etc., although vitalized in passing through the vegetable structure, must be still further modified by the organism of the mother or nurse, or of some of the lower animals, before they can be assimilated by the infant at that period of its existence prior to the eruption of its teeth.

Another very frequent cause producing general enervation of the system and consequently a tendency to disease in children, if not to immediate sickness, is the frequent practice of feeding children deprived of the breast upon undiluted cow's milk as a substitute for that of the mother or wetnurse.

Nature's laws are arbitrary, and any infringement of those laws is followed by a corresponding penalty. Now it would be just as unnatural to expect to raise a calf upon the milk of the human subject, as it is to attempt to bring up a child upon the pure milk of the cow. The milk of the cow was intended for and is perfectly adapted to all the requirements of the growing calf, exactly as the milk of the human mother, and no other kind, is altogether proper and suitable for the nursing child. If the composition of all kinds of milk was chemically, physiologically and in every other respect precisely the same, and if the proportions of the constituents were alike in all species, there would be no breach of natural law in substituting one kind for another. But we know that the milk of the different species of the mammalia is essentially different in each, varying in its chemical composition and in the proportions of its constituents. Hence, if we observe the requirements of natural law, we cannot with impunity substitute the milk, in its natural condition, of an animal of one species for that of another of a different species.

It must be admitted that occasionally we find children who do apparently thrive upon undiluted cow's milk, but these are exceptions to the general law, for where we see one such case we will find thousands in whom it will produce immediate sickness, or else a susceptibility to disease, which will show itself on exposure to any exciting cause.

The great difference in the composition of cow's milk and that of the human female is in the excess of the caseum (which is the only nitrogenized principle contained in milk) and in the deficiency of the sugar of milk in the former, as compared with the latter.

The following table will show the relative proportions of the constituents of the milk of the woman and of some of the lower animals :

| CONSTITUENTS. | MILK OF THE | | | | |
|--------------------|-------------|--------|--------|--------|--------|
| | Woman. | Cow. | Goat. | Ewe. | Ass. |
| Caseum, | 1.52 | 4 48 | 4.02 | 4.50 | 1.82 |
| Butter, | 3.55 | 3.13 | 3.32 | 4.20 | 0.11 |
| Sugar of milk, . . | 6.50 | 4.77 | 5 28 | 5.00 | 6.08 |
| Various salts, . . | 0.45 | 0.60 | 0.58 | 0.68 | 0.34 |
| Water, | 87.98 | 87.02 | 86.80 | 85.62 | 91.65 |
| | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |

The best artificial food for infants is that which will, at least, contain all the *constituents* of the mother's milk in the proper proportions.

In the *British Journal of Homœopathy*, vol. xv, 1857, Mr. H. Turner, chemist, has suggested a method by which cow's milk can be rendered very similar to human milk. He says: "By diluting the milk with water we can lessen the relative proportion of caseum, and by previously dissolving sugar of milk in boiling water in the proper proportions, and diluting fresh cow's milk with it, we accomplish the two objects of lessening the relative quantity of caseum and increasing the relative quantity of sugar of milk at the same time."

Nearly twenty years ago I adopted the above suggestion, and have used the preparation as recommended by Mr. Turner with almost invariable success, not only with my own children when required, but also with hundreds of others, and have had no reason to wish for any better artificial food for young infants before the period of dentition. The formula which I have been in the habit of using, though perhaps not so exact as that given by Mr. Turner, answers for all practical purposes, and the results are all that could be desired. It is as follows: Dissolve a heaping teaspoonful of sugar of milk in half a teacupful of *boiling* water, and add an equal quantity of fresh unskimmed cow's milk. This formula is easily remembered, and can be prepared without inconvenience in a few minutes. These proportions should not be changed as the child increases in age, but it should take a larger quantity of the solution.

In the foregoing table it will be noticed that cow's milk contains about three times more caseum than human milk; and it is chiefly because of this excess of caseum—which infants cannot completely digest—that pure cow's milk is unsuitable for them. They will often throw up the undigested cheese, or pass it through the bowels in hard white lumps. In feeding infants with the preparation of diluted cow's milk and sugar of milk, if the caseum is still not thoroughly digested, and is either vomited or passes through the bowels in an undigested condition, the addition of a little *pulverized gum arabic* to the mixture will prevent the coagulation of the caseum and insure its more complete digestion.

In cases where the mother or the nurse has a deficiency of milk, and the child in consequence requires additional food, this preparation of diluted cow's milk and sugar of milk should always be used for children before dentition, instead of

any of the preparations of grain-food. It is a mistaken notion that the two kinds of milk will disagree with the child.

If cow's milk cannot be obtained the next best substitute for human milk is the "condensed milk." It is usually prepared at first by adding one teaspoonful of condensed milk to twenty-six to twenty-eight teaspoonsfuls of *boiling* water, and may be made stronger as the child advances in age.

Too prolonged nursing or feeding with the artificial preparations of cow's milk may induce disease tendencies in the system by depriving the infant of those essential materials furnished by other food, which are required by its increasing age and growth, and which are not contained either in the nurse's milk or in the prepared milk of the cow.

The proper time for weaning cannot always be definitely determined. The age of the child, the condition of its health and that of the nurse, the quantity and quality of her milk, the season of the year, and other circumstances are to be considered before this question can be decided. But nature shows by the appearance of the incisor teeth that the system is prepared for combined feeding; that is, we may now begin to give other nutriment besides the exclusive milk diet heretofore used. The various preparations of farinaceous food may at this time be given with great propriety, while the child is still nursing or taking the preparation of cow's milk. The proportion of farinaceous food may be increased as the successive teeth make their appearance. It is well also to change the variety of grain-food occasionally.

Upon the eruption of the molars, which correspond to the well-developed *grinders* of the herbivorous animals, nature shows that the child's system is then in a condition to masticate and digest a greater variety of solid food, especially of more purely vegetable character, and also good ripe fruits. As soon as the child learns to eat such food and thrives upon it, it should certainly be entirely weaned, and the preparations of milk substituted by a variety of more substantial nourishment. Continued nursing after that time would be undoubtedly injurious to the child, by causing it to depend upon the breast instead of more nutritive food.

If solid vegetable matter is found to disagree with the child, which is not usually the case at that time of its life, great advantage may be gained by using instead *strained* vegetable soup. This is prepared by boiling a teaspoonful of rice or barley in a quart of water, with a little salt, to which is added a large potato, a tomato, celery if in season, a grated

carrot, and a little parsley for flavor, if not objectionable on account of its medicinal properties. Other suitable vegetables may be used if desired. The vegetables should be finely chopped up before being introduced. After boiling slowly for several hours, the soup must be thoroughly strained through a fine sieve, and all the remaining undissolved matter, consisting chiefly of woody fibre, should be rejected as useless. This preparation should be given to children *only after* the eruption of the molar teeth.

It is invaluable in all cases of sickness, even in after-life, when vegetable food is required but cannot be taken on account of the irritating and indigestible character of the solid vegetable matter. Its great advantage consists in the fact that we thus obtain all the nutritious juices of the vegetables, containing their soluble organic and inorganic constituents, without any of the objectionable parts thereof.

The last, and perhaps the least observed, cause of tendency to disease to which reference will be made, is occasioned by the organism becoming physically defective in consequence of not being supplied with that kind of nutriment which necessitates the operation of the process of metamorphosis of organic matter.

It has been already remarked that before dentition commences the infant takes but little if any part in the great vital operation of nature through which vegetable material is transformed into living animal matter. At this period of life the infant cannot change those organic products of the earth and assimilate them directly into its own tissues; they must be prepared for it through the intermediate agency of another animal organism.

During the successive eruption of the teeth the system has been undergoing very important physical alterations, and on the appearance of the canine teeth and the remaining molars, which soon follow and thus complete the process of primary dentition, nature indicates that these physical changes are perfected, and that the child is now fully prepared to masticate, digest and assimilate the variety of material required by an independent omnivorous being. In proportion to its natural anatomical and physiological adaptation to live directly upon the organic products of the earth, the child must now take its individual part in transforming such material into the living animal matter of which its own blood and the various tissues of its body are composed.

In the great plan of nature, the inorganic substances of

the earth are taken up by the vegetable structure, and by the simple vegetable cell—through the principle of life and the influence of the sun's light—these inorganic substances are converted into vegetable organic matter. In this condition this matter is then appropriated by all animated beings living directly upon that kind of food.

Through the vital process it is by them transformed into the animal matter of their tissues. After being thus changed, this animal matter of their bodies is consumed by the flesh-eating creatures, and by them it is at once converted into blood and enters into the formation of their tissues. In their organisms it undergoes no further progressive change, but on the contrary, after fulfilling its purposes, is resolved into its original condition of inorganic matter, and in this form is returned to the earth, to again enter the grand round of perpetual change in matter. Carnivorous creatures are nature's scavengers, which consume and dispose of all the surplus and refuse animal matter of the world.

Liebig says: "The excrements of carnivorous animals, excluding the urine, consist entirely of inorganic substances."

From the tiniest to the most gigantic forms of life, subsisting directly upon the organic matter produced by the vegetable world, nature has impressed a general law, upon the requirements of which the existence of each individual of every species depends. It is through this law that matter is thus changed from the vegetable into the animal form of life, and those living creatures, from the smallest to the greatest, belonging to this division of the animal kingdom, alone have the power, through this law, of thus effecting that most wonderful change in the form of matter.

This law manifests itself in that perfection of anatomical structure and physiological harmony of the lower orders of animals living in a state of nature, which insures them that almost universal exemption from disease so remarkable in all undomesticated animals. That general immunity from disease is no doubt due to the effect of this law acting through the unconscious instinct of such animals, directing them in the selection of their appropriate food.

If man was so constituted that he could be governed solely by instinct, and lived in accordance with natural law, he would probably be as exempt from disease as the undomesticated animals. But, on the contrary, being a rational creature, he is controlled by the power of his will, and gratifies his varying appetites and tastes frequently at the expense of his

health or perhaps even of his life. Besides he is often influenced by circumstances beyond his control, and thus may unavoidably be led to infringe nature's laws. But whether he errs consciously or not, he nevertheless must suffer the consequences. He undoubtedly belongs to that large division of animals whose existence is sustained by transforming the products of the earth directly into animal matter, and if he fails to take his individual part in this great vital process, and depends upon the lower animals to effect the change, subsisting upon the products thereof, he suffers the penalty of the violation of law, either directly by producing immediate sickness, or indirectly by creating a defective condition of his system which predisposes him to external disease-producing causes.

Every particle of organic material which has undergone the change from its vegetable nature into the animal condition of matter, is an addition to the organizable animal matter of the world. Every atom of this finds its appropriate place and performs its functional part in the animal economy unconsciously, under the direction of organic law. And to the individual being through whose vital power this change has been effected, there is not only an addition of fresh material for the formation of new tissue and the repair of old, but also an actual development of new life, an increase of vital energy, and generation of strength and force to resist the power of all morbid influences.

Keeping these ideas in view, we have it in our power to obviate the tendency to disease or prevent its actual development by overcoming the susceptibility of the system, through attention to its suitable, required and natural nourishment. And for this purpose, in considering the question of the diet of children after the completion of dentition, the greatest care should be given to the character, variety and quantity of the food, so as to insure the constant operation of "the process of metamorphosis," and the fulfilment of the natural law through which that vital process is accomplished.

Notwithstanding the fact that the child is provided with canine teeth, which are analogous to the teeth of the flesh-eating animals—showing its capability of masticating solid animal food—we should remember that such food should not be considered the most important nutriment, but, on the contrary, should form but a very small portion of its diet. For of the thirty-two teeth of the adult human subject, we may observe that only the four canine teeth (or one-eighth of the

whole number) resemble in character the teeth of the carnivora. May we not, therefore, reasonably infer that the proportion of animal food to the other kinds, consisting of vegetables, fruits and grains, should be approximately in this ratio?

CHRONIC OTITIS MEDIA AND MASTOID DISEASE.

BY W. H. WINSLOW, M.D., PITTSBURG, PA.

ONE of the most troublesome and dangerous sequelæ of naso-pharyngeal and exanthematous disease is chronic otitis media, called commonly chronic suppuration of the middle ear. Inflammatory action arises *de novo*, or extends by contiguity of tissue up through the Eustachian tube and reaches the tympanum, where, owing to the delicacy of the mucous surfaces, the large distribution of nerves in the region, and the unyielding character of the walls, the pressure of engorgement and exudation causes frightful pain.

The exudate, at first mucus, soon degenerates into pus, and, as the pressure increases, it usually bursts the tympanic membrane and escapes from the external meatus, affording relief from suffering.

The inflammation may now subside and the disease terminate, the tympanic membrane remaining perforated and the hearing defective; or the membrane may granulate and close, and almost normal audition be restored.

The result, however, in many cases is not so happy. If the patient, generally a child, be cachectic, or much depressed in vitality from antecedent disease, the acute inflammation gradually softens to a subacute type, the delicate chain of ossicles becomes macerated and discharged as débris, the lining membrane of the tympanic cavity remains thickened and unhealthy, and from the production and constant presence of pus, becomes a true pyogenic surface, such as we see lining a long-suppurating lymphatic gland, or covering the walls of a pus-conducting sinus.

If not treated actively, both locally and constitutionally, at this stage, as so many are not, the mischief goes on and other changes supervene. From this morbid surface granulations spring up and luxuriate in the filth which they help to engender, until they become so large as to merit the designation of polypi. The longer they remain undisturbed the faster they grow; they occlude the Eustachian tube and push

and crowd their way like plants towards the light and liberty, choking themselves by filling up the external meatus.

The pus for a time escapes around and between them and through the Eustachian tube, but is ultimately dammed within the much-diminished tympanum, backs into the mastoid cells, and pushes rudely against the round and oval windows.

Fever and pain now occur, the mastoid process and its overlying tissues become red, swollen and tender, the bony honeycomb becomes carious, and a rupture externally may occur and give relief to the most urgent symptoms.

When the mastoid shell does not burst, and even after an opening and discharge has occurred, the patient is in considerable danger. He is liable to acute exacerbations of inflammation, by which larger quantities of pus are produced than can be discharged, and absorption by cerebral vessels may be aided by the pressure, or this last may force up the tympanic roof, or break down the delicate wall of the mastoid and open the lateral sinus, causing meningitis, pyæmia or fatal hemorrhage.

Though cases are not very frequent, yet it should be known by every practitioner of medicine that chronic suppuration of the middle ear is an ever-present menace to life.

The following cases will illustrate some of my statements:

A girl thirteen years of age, blonde, thin, pale and anæmic, was brought to my eye and ear clinic at the Children's Hospital, though she was hardly fit to be out of bed.

She had had severe scarlatina a year before, during the course of which an acute inflammation of the middle ear had developed, causing rupture of the tympanic membrane and a flow of pus, which had continued until three days before. She had then "taken cold," had fever and pain in the right ear, with lateral headache. The second day she was better, but a swelling was noticed behind the ear. The night before I saw her, the mother said, the patient complained much of the pain about the ear and side of the head, was very sensitive to noise and light, feverish, restless and slightly delirious. She staggered when she got up in the morning, and vomited some of her breakfast. I found her pulse, respiration and temperature increased; she shrank from bright light, said noises hurt her head, staggered slightly in walking, and said the whole side of her head hurt her dreadfully.

The meatus of the ear was filled by decomposed pus and granulations, and the auricle stood off from the side of the head, owing to a fluctuating swelling, the size of a pullet's

egg, over the mastoid. The whole region was exquisitely sensitive, and when I injected warm water gently into the ear, she almost fell off of the chair.

Here was a condition of cerebral hyperæmia bordering upon meningitis, dependent upon confined pus and mastoid disease.

I etherized the patient, extracted a bunch of polypi from the tympanum, then made a long incision over the mastoid and liberated over half an ounce of pus. The mastoid cells were carious and broken, and I passed a probe through until it clicked against one introduced through the meatus. An antiseptic solution was injected into the mastoid opening and out through the meatus, a tent was introduced into the wound, and Kali brom. ordered.

The next day I visited the patient at her home and found her relieved from her sufferings and dangerous symptoms. She came to the dispensary after a few days, and through systematic local and constitutional treatment the discharge declined and finally ceased and her health became fully restored.

A boy of nine years, of lymphatic temperament, had a light attack of measles and a concurrent otitis media, which resulted in perforation of the tympanic membrane and a discharge of pus.

He was scrofulous, and the ear affection fell into the chronic stage, and fetid pus flowed in moderate quantity continually. He had several acute exacerbations, during one of which the mastoid became swollen, formed an abscess and opened spontaneously behind the ear. It had remained open, discharging moderately. In subsequent acute manifestations he suffered severely from lateral pain and cerebral excitement, and upon one occasion he became delirious and so ill that his life was despaired of, and his physician, who had been treating him a year with powders internally, remained in almost constant attendance for three days.

It was during a subsequent severe attack that I was called to his aid. I found the boy in high fever, with severe lateral and frontal headache and some delirium. There was very little discharge from the mastoid sinus and the meatus, the mastoid was swollen and tender, and a huge polypus almost entirely occluded the meatus.

I removed the polypus, enlarged the opening behind the ear, removed several pieces of necrosed bone, injected an anti-

septic solution through the mastoid and out of the meatus, and gave Bell. 1x.

The relief was almost magical, and the next day I found my patient playing around the room, entirely free from pain. I cleaned the ear daily, applied sulphocarbolate of zinc injections, and gave Sulphur 1x for two weeks. In four days the mastoid sinus had healed and only a slight show of pus flowed from the meatus. I continued local treatment, varying the injection somewhat, and gave Calc. carb. 6x internally. In six weeks the patient was discharged cured.

A girl, eight years old, had chronic otitis media for eight months, a sequela of scarlatina. One day the discharge ceased, severe pain ensued in and about the ear, and she was brought to me for treatment.

I extracted from the meatus a fragment of bone, evidently a piece of the coarsely cellular mastoid, and after several weeks' treatment locally and constitutionally she entirely recovered.

Another girl, aged nine years, thin, anæmic and scrofulous, had scarlatina and chronic otitis media. The unhealthy pus literally streamed from her ear constantly. I never saw so copious a discharge from the meatus. Her doctor told the mother she would outgrow the trouble, and it was dangerous to interfere.

A painful swelling had appeared over the mastoid, which led to her consulting me. I found an abscess over the mastoid, cut down, evacuated the pus and removed the whole outer shell of the mastoid, which was loose and necrosed. The patient was much improved by treatment, but ceased her visits after four months.

A boy aged thirteen years, of nervo-fibrous temperament, had suffered from chronic otitis media, a sequela of diphtheritic pharyngitis, for four years.

His health was good, and the discharge from the ear was slight. He had been under homœopathic treatment in the early period, and latterly under none. He took cold, had severe tonsillitis and great pain in the ear and mastoid. I extracted a polypus from the ear and gave him Aconite. The next day the pain about the mastoid was severe, there was little discharge from the ear, and he had considerable fever. Aconite was continued, and a poultice ordered for the painful region.

The next day towards evening he became much worse. The discharge had not increased, the mastoid region was

swollen, hard and sensitive, and there was severe lateral headache and great sensibility to sound and light, accompanied by vertigo.

I considered action imperative, anæsthetized the patient, cut down upon the mastoid, and using a small trephine soon made a hole into its cells and liberated about half a teaspoonful of pus. With a probe a clear channel was made through to the tympanum and the usual treatment instituted. The pain and threatening symptoms disappeared under Kali brom., the mastoid wound healed rapidly, and the discharge ceased in about two months, when he was discharged cured.

The excellent results achieved by prompt local treatment of the cases should teach that internal remedies should not be too long exclusively relied upon. In a great city like Philadelphia, clinical experience accumulates for the benefit of those whose fields are limited, and not to accept its *dicta* is unwise.

Chronic suppuration of the middle ear is *dangerous* and at *any time* may require the operative measures which I have indicated.

THE FREQUENCY AND IMPORT OF A PERFORATE FORAMEN OVALE.

BY EUGENE ROLLIN CORSON, M.D.

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I WAS led to the consideration of this question from noticing in a number of post-mortem examinations that a more or less perforate foramen ovale was not an uncommon occurrence, and in cases, too, where not suspected.

Before analyzing the cases I have collected, I desire, by way of introduction, to speak briefly of malformations in general and the development of the cardiac septa as at present understood.

A large majority of the malformations which come to the notice of the physician and naturalist are explainable when viewed as arrests in development, "*inhibitions of growth*," as some one has well expressed it. Further, in most cases the arrest has been in the last stages of development, and hence on the median line; witness the frequent occurrence of *spina bifida*, *umbilical hernia*, *extrophy of the bladder*, deficiency of the sternum with *ectopia cordis*, all depending upon the ar-

rested neural and hæmal arches as they close in the dorsal and ventral cavities.

There are a number of malformations which depend upon an arrest in the development or absorption of median septa ; to this class belongs the perforate foramen ovale. For an example of a malformation depending upon a lack of absorption of a mesial septum, we have the so-called double vagina and uterus.

Certain malformations, more properly called monstrosities, cannot be explained in this way, but seem to be *reversions* to some older and lower structural type.

Early in foetal life, after the heart from an originally straight tube has become twisted upon itself, septa are developed which eventually divide the single auricle, ventricle and *bulbus arteriosus* into right and left halves.

The septum auricularum begins at the roof of the simple auricle and grows along the anterior and posterior walls, leaving at its lower half a foramen which allows of a free communication between the now two auricles. This opening is the foramen ovale.

The ventricular septum begins as a crescentic ridge, the convexity pointing upwards, and is inserted into the anterior, inferior and posterior walls of the simple ventricle.

The auricular and ventricular septa thus finally form a partition perforated by a figure-of-eight shaped opening, the upper half being the *foramen ovale*, the lower half, which never fills up, becoming the permanent *ostium aorticum*.

The *truncus* or *bulbus arteriosus* originally opens entirely into the right ventricle, and eventually becomes divided into the anterior pulmonary and posterior aortic vessel. At this stage both vessels belong to the right ventricle, and the left ventricle would have no way of exit did not the ventricular septum remain perforate at its upper part. Through this opening the left ventricle pours its blood into the right, and thence mixed blood is driven into both the aorta and pulmonary artery. As a final change the circumference of the foramen gradually grows on the side facing the right ventricle, until the aortic opening is shut off from it and opens into the left ventricle. It thus appears as if the aorta grew through the right ventricle.*

* For this recent and most plausible explanation of the developments of the cardiac septa we are indebted to the researches of Prof. Rokitsky. See "On Malformations of the Cardiac Septa: A Treatise on their Pathological Anatomy. By Prof. Rokitsky." Communicated by Prof.

Professor Rokitsansky divides malformations of the auricular septum into two classes:

"First.—Those determined by the course of development of the primary or provisional septum.

"Second.—All the defects which arise in the transformation of the provisional septum into the secondary or permanent septum."

The malformation under consideration belongs to the second class.

From what precedes it is easy to understand the close relation existing between malformations of the septa and transpositions of the arterial trunks with atresia or dilatation of their lumina. I found but one case pointing to a connection of this kind with a perforate foramen ovale three-quarters of an inch in diameter, the *ostium aorticum* measuring but a half inch. We should expect, however, a much closer relation between the ventricular septum and the arterial trunks.

I have collected the following cases from the post-mortems performed or witnessed by myself:

CASE 1.—Mary S——, æt. 33; catarrhal phthisis. Up to a short time before her death had a strong pulse; violent palpitation at times; no murmur; death preceded by great drowsiness.

Post-mortem showed slight dilatation of the ventricles and slight thickening of the mitral valves; valvular perforate foramen ovale, easily admitting the blowpipe; death from catarrhal phthisis.

CASE 2.—Mary M——, æt. 28; admitted suffering from typhoid fever; no heart murmur; heart and lungs early showed signs of paralysis, and she died about the fourteenth day of the disease.

Post-mortem showed the valves normal; ante-mortem clots on the right side; pneumonia of right lower lobe; marked enteric lesions; a valvular foramen ovale 5 millimetres in diameter; the canal 9 millimetres long; fossa ovalis 1.3 centimetre in diameter.

CASE 3.—Male child, æt. 12 days; was born asphyxiated and required considerable manipulation before respiration was established. The child did well for the first three or four days, when suppression of urine developed, followed by clonic

and tonic spasms, and the child died on the twelfth day with cyanotic symptoms. Up to the time of the spasms there was no cyanosis.

Post-mortem revealed a foramen ovale 5 millimetres in diameter, and a fossa ovalis 15 millimetres in diameter; a well-developed Eustachian valve; examination of the brain showed acute suppurative meningitis.*

CASE 4.—Ann L——, æt. 59; catarrhal phthisis; no cardiac murmur; slight atheroma of ascending aorta; a valvular foramen ovale 6 millimetres in diameter, with an oblique canal 1.5 centimetre long.

CASE 5.—Marg'te K——, æt. 56; admitted with *aphonia* and *left* hemiplegia from apoplexy. While in the hospital had a second attack and died; no heart murmur; lungs healthy.

Post-mortem revealed atheroma of the aorta and slight thickening of the mitral valves; marked atheroma of the cerebral vessels; a large clot in the frontal lobe of the right hemisphere; a valvular foramen ovale 7 millimetres in diameter, and a canal 3 millimetres long.

CASE 6.—James N——, æt. 37; admitted for alcoholism; no heart murmur; died from shock caused by jumping from a three-story window of the hospital.

Post-mortem showed a valvular foramen ovale, easily allowing a blowpipe to pass through it; heart otherwise normal; lungs healthy.

CASE 7.—Charles D——, æt. 22; admitted for insanity; from an obstinate refusal of food he developed a scorbutic condition, and died from sheer exhaustion; heart not examined before death.

Post-mortem revealed six ounces of serum in the pericardium; left lung showed broncho-pneumonia; a foramen ovale 2.5 centimetre in diameter! the ostium aorticum measured but 1.25 centimetre! valves normal.

CASE 8.—John B——, æt. 32; admitted for *general paresis*; from his general appearance would be regarded as perfectly healthy; twenty-four hours before his death had thirty convulsions, and died in a tonic spasm.

* This case suggests, I think, a common cause of delayed respiration in the newborn. A *large* foramen ovale by still favoring an auricular current must necessarily retard the pulmonary circulation, not sufficient blood being sent to the lungs to excite respiration. The important thing is for pulmonary respiration to be once started, when the foramen loses its effect.

Post-mortem revealed a small abscess in frontal lobe of the right hemisphere; slight emphysema of lungs; marked hydronephrosis of left kidney; thickening of the mitral valves; a foramen ovale 5 millimetres in diameter, and a reticulated fossa ovalis.

CASE 9.—Jennie B——, æt. 38; admitted for catarrhal phthisis; no heart murmur; death preceded by delirium.

Post-mortem showed catarrhal phthisis, third stage; a valvular foramen ovale 5 centimetres in diameter, and a canal 1.75 centimetre long.

CASE 10.—Michael C——, æt. 39; admitted for phthisis; death from gradual exhaustion.

Post-mortem showed catarrhal phthisis, third stage; right ventricle dilated; valves normal; a foramen ovale 7 millimetres in diameter.

From these cases I conclude:

First.—That a perforate foramen ovale is of more common occurrence than is generally supposed. These ten cases are taken from fifty-nine post-mortems made in the hospital; in other words, a perforate foramen ovale occurred in 16.9 per cent. of all the cases examined.

Unless the foramen is very large, it is easily overlooked on account of its valvular character. Several times when, on superficial examination, the septum seemed imperforate, a closer examination found it to be perforate.

Second.—That a perforate foramen ovale *per se* does not materially affect the integrity of the heart or lungs, or body in general.

In Case 7, where the man's death and previous condition were directly traceable to his habits of life, there was an auricular communication 2.5 centimetres in diameter (equal to about one inch). Professor Burt G. Wilder, of the Cornell University, showed me recently the photograph of a heart taken from a subject in the dissecting-rooms of the Michigan University, showing a perforate foramen ovale with a long diameter of 3.5 centimetres ($1\frac{2}{5}$ inches), and a short diameter of 2.5 centimetres (1 inch). The subject's age was judged to be about 35. Nothing was known of his previous history. Surely, if ever such a foramen had much effect, it would have caused the man's death before that time.

Dr. Robert Elliot reports an interesting case of univentricular or tricoelian heart in the *Journal of Anatomy and Physiology*, vol. xi, January, 1877. In this case, besides a perforate foramen ovale, there was an entire absence of any

ventricular septum; the aorta was small, while the pulmonary artery was large; no pericardial adhesions, and the lungs healthy and efficient. The patient, who reached the age of 19, suffered from cyanosis, clubbed fingers, and dyspnœa.*

Trouble naturally might be expected from such a grave malformation, and yet with it all the subject reached the age of 19 with an otherwise normal heart and, strange to say, healthy lungs.

Now in the cases of cyanosis where the disease and death are ascribed to a perforate foramen ovale, is not this lack of closure of the septum merely one evidence of a general feebleness of growth, and death the natural result of this structural and functional weakness?

I think the innocuousness of a perforate foramen ovale is evident on *a priori* grounds.

Before birth there is nothing to prevent a current from the right to the left auricle, but after pulmonary respiration is once established there can be but a slight interauricular current, for the following reasons:

1. The valvular character of the foramen, it being generally a canal through the septum to the left, downwards and forwards. In these cases the blood-pressure closes the valves which guard the entrance and the exit of the canal:

2. Even where the communication is large and direct, the hydrostatic pressure of the distended and contracting auricles is so nearly equal that there can be little or no interchange. The left auricle, having a little thicker walls, would exert more force in its contraction, but this count is balanced by the greater volume of the right auricle, and what slight advantage it may have from its position.†

In cases of pulmonary obstruction where through "the safety-valve insufficiency" of the pulmonary semilunar valves and tricuspid valves there is a damming back of the blood into the right auricle, there would be a current from right to left. This would be encouraged by what slight deficiency of blood there might be entering the left auricle. On the con-

* For other interesting cases of "inhibitions of growth" of the cardiac septa, see "A Descriptive Catalogue of the Warren Anatomical Museum," by J. B. S. Jackson, M.D., Boston, 1870; also "The Report of the Proceedings of the Northumberland and Durham Medical Society," Session 1850, 1858, 1862-63; also Dr. Peacock's work on "Malformations, etc., of the Human Heart," British Medical Journal, September 28th, 1872; ditto, January 11th, 1873.

† The Eustachian valve, even when developed, can have little or no effect after pulmonary respiration is established.

trary, in the commonest valvular trouble, mitral insufficiency, primary or secondary, there would be an increased tension of the left auricle and a tendency of blood to go from left to right. There are times, no doubt, when the conditions favor increased tension of the right auricle, and again when the left auricular tension predominates. While in the one case the blood which issues from the aorta contains some venous blood, in the other arterial blood from the lungs passes through the lungs a second time. The differences, however, are too slight to be of any moment.

I have given these cases because I believe them in themselves very *suggestive*, and, when explained physiologically, quite *conclusive*.

OVARIAN TUMORS.

BY HENRY N. GUERNSEY, M.D., OF PHILADELPHIA.

(Read before the Pennsylvania State Homœopathic Medical Society, October, 1877.)

VERY much has been written on the subject of ovarian tumors. Nearly all writers, with scarcely an exception, describe at length their varieties, consistency, appearance, position, etc., as though they were a something separate from the living organism and vital principle which animates them, as something hidden internally and material, however subtle this nature may be supposed. The symptoms that accompany each variety are delineated with the accuracy of a portrait painter, and drawn as though they were stereotyped. On the contrary no two cases have ever been known to exist where the symptoms were identical, nor is it possible that any two cases will ever be found to present more than a similarity. The truth of the matter may be stated as follows:

All ovarian tumors are of dynamic origin. So long as health reigns supreme, there can be no diseased condition. Disease only exists on a departure, however slight, from the normal status of the vital forces, which causes the patient to feel slightly indisposed. This condition of affairs may continue for months or years, and no ovarian tumor yet appear, not the slightest vestige of one. At length this increasing morbid influence exhibits a slight derangement in either of the ovaries, and by degrees the first development of an ovarian tumor makes its appearance. At first so small as to be only recognized by a powerful microscope, later the naked

eye can detect the result of the morbid influence, and the then small tumor, still augmenting, may gain in the aggregate the weight of one hundred pounds. In fact, the size and weight are only limited by the endurance of the sufferer.

This is the real pathology of all diseased conditions. It is the *living* pathology *only* that concerns the physician as a healer. The material is *per se* of no account beyond its symptomatic value. If it is true, and *true it certainly is*, that an abnormal state of the vital forces has been the contributor to all this growth, why, if the doctrine of homœopathy be true, should we not be able to remove anomalous forces and to establish in lieu thereof a health-producing dynamic power? Why, then, do our surgeons, especially our homœopathic surgeons, so eagerly fly to the knife in these cases? Why do they not take heed to Samuel Hahnemann in the treatment of the sick?

John Hunter, one of the *astra lumina* in the galaxy of surgeons, even in his day held the operative part of surgery in the lowest estimation.

"To perform an operation," said he, "is to mutilate a patient whom we are unable to cure; it should therefore be considered as an acknowledgment of the imperfection of our art." He avowed himself outmastered, completely conquered, by the disease in question. He felt humiliated when obliged to yield to the knife.

Many and many a time have I heard the venerable Valentine Mott deplore the necessity of a surgical operation. He would raise a pitying eye to his numerous class of students, and say: "Gentlemen, we are again mastered, repulsed, by the unsubdued progress of this disease. Again we are compelled to resort to the opprobrium medicorum. The art of surgery is nothing more. I am sorry, very sorry, that this person could not have been cured and thus saved the necessity of this degradation of the healing art." If our allopathic brethren take a stand of this kind, should we not expect more of homœopathy? Yet the truth really is, that most of our homœopathic surgeons fly to the knife as the very first remedy; others declare it the only remedy, and it should be resorted to early in the case. Gentlemen, this is a *mistake*, and shows great mental weakness and want of knowledge in the fundamental principles of our art. It shows a disposition to succumb to the inroads of diseased conditions, to retreat from the enemy, and to sink into mere routinism.

It may be said that I do not encourage the art of surgery.

Nothing can be further from the truth. I encourage it in the proper way. Which of the two is the more noble—the art of *healing*, or the art of *relieving* by marring the human system? Cutting is simply palliative; it does not cure. The scalpel can never, no, never, dissect that dynamic force which brings forth the product of disease. The surgical art should be held in abeyance, faithfully and religiously, as a *dernier ressort*. I am well aware that a bold and skilful operation, successfully performed, carries with it the admiration and applause of the populace, but to every thoughtful mind, how much more admired and lauded is a thorough cure of the same malady by medicine only.

That ovarian tumors are curable by medicinal agents alone we have sufficient proof.

When we use our *Materia Medica* in complete accordance with the rules so ably advanced and expounded in Hahnemann's *Organon*, we obtain the most brilliant success in treating this formidable complaint. Let us cite a few examples, showing that ovarian tumors are curable:

Raue's Annual Record of Homœopathic Literature, 1870, p. 70. The first case of cure on record, so far as I know, was by myself nearly twenty years ago. It was pronounced by several of our best allopathic physicians and surgeons to be a well-developed instance of ovarian dropsy, which nothing but the knife would relieve. It was large enough to fill the entire abdominal cavity, rendering stooping impossible. There was also an anasarca condition of the whole cellular tissue. The characteristic symptoms indicating the remedy were *pains like bee-stings* in the region of the ovarian cyst, scanty urine, and thirst. She received but three doses of *Apis mell.* 2c and 1m, at intervals of six or eight weeks, and in the course of ten months she was restored to perfect health. A few months after the cure she was found to be pregnant, and in due time gave birth to a healthy child. This was a perfect cure of an undoubted case of ovarian dropsy complicated with complete anasarca.

Page 244 of same *Record*. A case by T. Black, M.D. This, an ovarian cystic tumor, was cured in the course of six months by *Bromide of potassium*, 1 gr., three times a day. He also reports another case cured by an allopathic physician, with 45 grs. per day, in six months.

Another case, found on same page, was nearly cured by *Rhododendron 6th*, but the patient discontinued the treatment.

On page 245, our lamented colleague, C. Dunham, M.D., records a case. This was of some years' standing, and pronounced by several of undoubted authority to be an ovarian tumor and incurable. It was firm and elastic and very painful; the patient could not stand erect or walk; when the paroxysms of pain came on, the only mode of partial relief was by bending forwards almost double. From these symptoms Dr. Dunham prescribed *Coloc.* 2c, to be taken at every paroxysm of pain, and repeated every hour till relieved. The paroxysms gradually diminished in frequency and severity till she had recovered sufficiently to walk miles. She went to Europe and carried a vial of *Coloc.* with her. She returned in five years, without a trace of the tumor remaining. In same *Record*, 1871, p. 145, a case is reported by Dr. Payr. The left ovary was affected. *Bryonia* was first given, then *Apis* finished the cure.

Another case is recorded on same page, by Dr. Bojanus. The remedy first administered was *Bell.*, then *Bell.* and *Natr. sul.*, in alternation; finally, *Kali carb.* completed the cure.

Dr. Chauvet, of Paris, reports a case, on same page, of an ovarian cyst in a woman of the laboring classes, 22 years old, cured by *Rhus* 18.

A remarkable case is reported, on same page, by William Gallupe, M.D., Bangor, Maine, that was cured by *Podoph. pelt.* 2c. The tumor appeared first on left side, and was as large as a ten-quart pan. After this had disappeared, some years later, another tumor was developed on right side. Each was completely cured by *Podoph. pelt.* 2c.

The next case is by Dr. R. Hughes, London, found in *British Journal of Homœopathy*, 1872, p. 793.

An undoubted case of ovarian dropsy cured by *Kali bromidum*, 1 gr., morning and evening. Afterwards the abdomen seemed filled with fluid, but this was entirely removed by *Apocynum*, *Ars.* and *Apis*.

In *Raue's Annual Record*, 1872, p. 173, a case is recorded by Dr. P. H. Hale. An ovarian tumor as large as the head of a newborn child was cured in several weeks by an infusion of ten or twelve bees, a tablespoonful every four hours.

On page 147, *Raue's Annual Record*, 1873, a case is reported by Charles Sumner, M.D., of New York. His case was so diagnosed by an allopathic physician, and it was also his honest conviction. It was the size of a quart bowl. He continued the use of *Calc.* 6th, for fifteen months, when there was not a trace of the tumor remaining.

Dr. A. E. Small has reported two cases on p. 173 of the same *Record*. One was very much benefited by *Apis*, the other satisfactorily treated by *Carb. an.*

In *North American Journal of Homœopathy*, vol. 21, p. 553, a case is recorded by A. M. Piersons, M.D., of New York. The tumor was seven and a half inches in length, five inches in breadth, and three inches thick, as near as he could estimate. Cured by *Apis mell.* 40m.

A cure by Dr. Gilchrist is found on same page. *Coloc.* 1m was administered first; a month later *Coloc. cm.*, and in a few months the patient was perfectly well.

British Journal of Homœopathy, 1873, p. 187. Dr. Dudgeon reports a case of ovarian tumor cured by *Graphites*, 12th.

North American Journal of Homœopathy, vol. 22, p. 93. A case by Mercy B. Jackson, M.D., Boston, in which the general health improved under *Silicia*. The tumor diminished under *Platina*.

A case is communicated by Dr. Praul, which was very much benefited, if not entirely cured, by *Kreosote*, on the same page.

Nearly two years ago a lady about fifty years of age came to me from the West with a tumor of very large size. The abdomen was so distended that stooping was impossible. She was pronounced by some of our best surgeons and physicians to have ovarian dropsy, and that nothing short of the knife would be of service. She had not much pain, but was restless at night; was worse after midnight, very weak, little exertion fatigued her. All her symptoms seemed to indicate *Arsenicum*. I gave her a single dose of *Ars.* 40m. Soon improvement was manifest. She slept better, was not so restless, and felt a little stronger. Her size diminishing somewhat in about four weeks after, this dose was allowed to act some eight weeks. The medicine was repeated at intervals of two months, and in about ten months she had regained her natural size, could walk as well, and could do as much in comparison to her age as ever. Her health continues perfect to this day. Tumor has entirely disappeared. I am now treating another case of ovarian dropsy. The tumor is on left side, as large as a twoquart measure, producing a constant ache, and feels as if a ball were lying there. Sleeps with arms stretched over the head, is of a leucophlegmatic temperament, menses profuse and too often; her feet feel as if cold *damp* stockings were on them. On July 28th, 1877, she got *Calc. c.* 85m, one dose. She is making very satisfactory progress towards a

cure. I have not the slightest doubt of this result. My actual experience in these matters justifies such a conclusion. Reason and theory, science and art, coincide therewith.

On June 15th, 1877, a lady called on me from New Orleans, La. Two years previous she came to Philadelphia, and was operated upon by a skilful surgeon in this city, for the purpose of removing an ovarian tumor. Her abdomen was as large as is a woman's at full term. The doctor found the tumor so firmly adherent that he was compelled to desist. The wound was closed, she recovered from the operation, and returned to New Orleans. She has now placed herself under my care, with a letter from her physician which reads as follows :

"DEAR MADAM, I have given you one dose of *Sepia*, in 1876, the balance of the time you were under the influence of *Apis*, 30. This year I have given you *Ars.*, and lastly, for striking symptoms, *Nux v.* Wishing you a pleasant journey," etc.

Whilst in New Orleans, since the operation for removal, paracentesis was performed several times, and large quantities of water drawn off. Present symptoms are, almost constant pains in abdomen of a jerking-stitching nature. They jerk and stitch so severely as to make her cry out. Cannot lie on either side ; she feels badly after one o'clock till morning. Very sleepless and restless after that hour. A drawing sore pain running from left hypochondria to the back ; very much flatulence, passing quantities of flatus both ways, which affords much relief. Cannot walk erect, but stooping, and twisted to one side. I could give her nothing but *Kali carb. cm.* She began to improve very soon ; her pains greatly diminished, and the flatus gradually ceased. She received no more medicine until August 2d, when I repeated the same dose, since when she has been taking *Sac. lac.* She is very much better in general health, much smaller in size, can walk perfectly erect, and is comparatively well, excepting the remaining tumor. If she continues to improve during the next four months as she has during the last three and a half, there will not be a trace of the tumor left.

Another case comes to my mind which I cured several years ago. The tumor was as large as the head of a new-born child, situated in the right ovary, and was caused by falling over a washtub. Pain at every menstrual period, terrible forcing and bearing-down pains as though everything would

issue at the vulva. Cured by *Bell.*, given at every menstrual period.

I have cured several similar tumors. No doubt I could find many other cases, if I had time for research. Enough, however, has been adduced to prove to any reasonable man that ovarian tumors are curable, and it ought to incite every one who desires to improve the healing art to make a determined effort in this direction before using the knife.

The most successful method of prescribing is to administer a single dose of the appropriate remedy in a very high potency. Wait one or two weeks, and if the patients feel at all better, if the mental symptoms improve, if their sleep is better, or if any of the outside symptoms amend, wait ten or twelve weeks longer. If at that time there is still convalescence, continue to wait. In the course of a few weeks the tumor itself will begin to lessen, and if the instructions of Samuel Hahnemann are rigidly followed, a most successful cure will crown our efforts.

It will be seen from this paper that a great many undoubted cases of ovarian tumors have been cured, and by a diversity of remedies. The number to choose from is not limited. The whole *Materia Medica* is to be consulted, and the remedy to be determined by strict individualization.

And now, gentlemen, in conclusion : Each of us here present will sooner or later meet in our practice cases of ovarian tumor. Do not fly to the knife. Examine the case carefully ; inquire diligently into all the details ; find out all the symptoms, mental, subjective and objective, remembering that, in the language of Hahnemann, "for the physician, the totality of the symptoms alone constitutes the disease," and that, "to cure diseases, it is merely requisite to remove the entire symptoms, duly regarding at the same time the fundamental cause and other circumstances." The ovarian tumor is not the *cause*, it is only an effect.

Then, having made a complete picture of the case, search patiently for the most similar remedy, apply it as above directed and await the result. If you have been true to the above precepts, your labors will be rewarded and your efforts crowned with a success more to be admired and more useful to the patient, to the profession and to the community at large than any number of surgical operations for the same malady.

SPONTANEOUS AMPUTATION IN UTERO.

BY E. W. DEAN, M.D.

ABOUT one A.M., June 6th, 1877, was called to attend Mrs. E——, who was about to be confined. I found on examination the child very far advanced, breech presentation. It was delivered in about ten minutes after I arrived. On examination of child found that the left arm was missing from middle of humerus. The stump looks precisely as though it had been amputated and dressed by a skilful surgeon. Stump presents a cicatrix as from amputation by circular operation. The portion of humerus which remains is perfectly formed and healthy.

The fourth and small fingers of right hand are gone, leaving the appearance on outside of hand as though they had been removed by the knife. The bones of the forearm, however, are twisted, and not more than three-fifths the normal length.

For over two months after birth both legs were completely and immovably drawn towards and against the abdomen, the knees forming an acute angle at about the umbilicus. For a long time I was under the impression that there was spontaneous outward dislocation of both femora, and yet am not certain that there is not, for although the flexion of the thighs is not so confirmed, still it is enough to make me doubtful in regard to the heads of the femoral bones being in the acetabula. There is another deformity which more strongly impresses me with the opinion that there is dislocation, *i. e.*, immediately back of each acetabular region there is a protrusion, which destroys the roundness of the hips. These protrusions are becoming less as the legs are becoming more normal in their position, or in other words as the legs leave the walls of the abdomen. Several of the toes of both feet are gone.

The body and head of child are perfectly normal, as also are its sexual organs, it being a male. It is very healthy and good-natured. Parents are exceedingly healthy and stout, and both hard workers. No similar child can be found in the whole family history previous to this. The mother says she was perfectly healthy the whole time of her pregnancy, and never suspected anything was wrong till she went to lift the child and found its arm was gone. The only thing she thinks might account for it is that her mother was sick for three months, from her third month to her sixth of pregnancy, during which time she was constantly at her bedside. When

she returned home from attending her mother, she had to ride twenty-five miles in a spring-wagon, the roads being very rough at the time.

ON THE ECTROTIC TREATMENT OF VARIOLA.

BY DAVID COWLEY, M.D., PITTSBURG, PA.

SOME years ago, when reading the article on "Variola" in Wilson on *Skin Diseases*, I was so struck with the accounts of the remarkable results attained in the treatment of that disease by the use of mercury plaster and inunction with mercurial ointment, that I determined to use Mercury externally the first opportunity. This did not occur for several years, but in October, 1871, I had to attend a severe case of varioloid—or small-pox if you choose—when I tried the mercurial ointment, only hoping, however, that its use would prevent pitting of the face. This it did almost entirely, drying up the pustules in a few hours, so that the day after the application, on opening some of the pustules and attempting to evacuate their contents, I found it almost impossible to do so, they were so nearly dried, while they were easily evacuated on parts not touched by the ointment. In this case, besides the local effect, there was also a general amelioration of the symptoms; the headache ceased in one or two hours; the fever, which had not abated with the appearance of the eruption, was moderated, and the patient expressed himself as wonderfully relieved. I may state, too, that no medicine I had administered previously, although selected, I think, according to the symptoms present, had at all relieved.

Last summer, in a case of discrete varioloid, I used the ointment with benefit to the face, but not early enough to prevent pustulation or much shorten the course of the disease. But a case which I was called upon to attend sixteen days ago, convinced me that the application of the ointment to the face and neck in the papular stage, would not only check the eruption on the parts to which it was applied, but would act on the whole system and abort the eruption over the whole body, saving the patient from weeks of suffering and perhaps from death.

As the last case is remarkable, and may be doubted as a genuine case of small-pox or varioloid, I give it somewhat in detail and will afterwards give some facts and statements from

Wilson and others in regard to the ectrotic treatment of the disease.

Previously, however, I will say that I have frequently used the soluble and corrosive Mercury of the 2d or 3d dec. trituration in similar cases, and could not see that it more than relieved the symptoms without interfering with the duration of the disease. I now think that the inunction with the medicine is not only productive of a decided local effect, but it also affects the system more speedily—thus antidoting the poison of the disease at the right time—than when administered by the mouth. In proof of the more certain and speedy effects of Mercury when introduced into the system by the skin, I would appeal to the well-known fact that cases of syphilis which have resisted the internal administration of Mercury frequently yield to the medium applied in the form of ointment, vapor or hypodermic injection.

Now for the last case referred to :

Mr. G. S. S., Jr., æt. 28, sent for me on the 24th of January. Had been sick for two days; complained of severe pains in both sides of chest; cough, preceded by pains in back and back of neck, and violent throbbing headache, aggravated by moving and in the open air; very nervous at night; had slept very little for three nights; sweats easily to-day.

Gave Cim. rac. θ and Gels. θ in water one hour, and left Phos. θ to take if not relieved by morning.

On the 25th he was no better; was chilly most of the time, with occasional sweats and slight cough. Examination of lungs gave no positive signs of pneumonia, though the respiratory murmur was not alike in both lungs.

Gave Merc. corr. 3; Ran. bulb. 1, in water one hour; to take Bry. alb. 4 and Bell. θ every half to one hour the next morning if not better.

January 26th.—Suffered all night with twitching and great nervousness; pains in the head continued, but the chest was slightly relieved; the throat was very sore, the neck swollen in region of parotid glands of both sides, and the small lymphatics at back of head were also swollen and very sensitive to touch; tongue coated white, but not very thickly.

This morning some small spots appeared on forehead, which looked and felt exactly as variolous spots do when first appearing.

Gave Tart. em. 3 in water every two hours. Although I cannot say that I have ever seen any good results from this

remedy in variolous diseases, yet its symptoms are so homoeopathic to the disease that I can hardly let it go.

As he had not slept any now for four or five nights, I left Bromide of potas. 60 grs. and Morph. sul. 1 gr., in water, to be given in the evening if he felt no quieter.

January 27th. Called about noon; hard papules covered the face and were visible also on chest and neck. He complains greatly of his throat and mucous membrane of nose, also of the swelling of neck, which was very sensitive to the touch, and of the cough at every motion, which seemed to originate at the scrobiculus cordis. Says he is no better in any particular, though he slept some after the soporific. Pulse 116.

Dissolved a small portion of vaccine in water, and Merc. sol. 2^x in water, and gave a teaspoonful every hour alternately.

Visited him in the evening, about 9.30. Face, neck, chest, arms and legs covered with hard papules; he said that he felt them also in the scalp; face very much swollen; pulse 100; slept some this afternoon; still has the pain in chest and cough when he moves.

Gave Rhus tox. and Merc. sol. 2 in water every hour.

Rubbed in blue ointment on the whole surface of face and neck.

January 28th. Face thoroughly covered with the eruption, but the papules are reduced in size; they are not as large as on the back and chest. Back, chest and arms are well covered; the eruption is confluent on the face and hands, and almost so on the back; color a bright-red.

Applied blue ointment to the face, neck and left hand.

Continued the Rhus, and Merc. sol. every hour.

January 29th. Face nearly smooth, though mottled. The back, legs, arms, face and right hand are full; left hand smooth. He was so itchy all night and to-day that he could not sleep; pulse 84. Has felt comparatively well to-day and has a good appetite. In the external portion of each conjunctiva appeared a small papule, apparently about to change to a vesicle, supplied with veins converging to it from every direction, which caused great pain and considerable photophobia. A little of the ointment inserted between the eyelids soon relieved this trouble. The soles of the feet had begun to feel sore, swell and itch; they were covered with red papules also. The application of the ointment to these and right hand in a few hours relieved all the uneasiness and caused a subsidence of the rash. The gums were sore to-day.

Gave Apis mell. 12, Tart. em. 3 in water every two hours.

January 30th. Eruption rapidly disappearing; face almost smooth, but he did not sleep through the night; the Bromide of potas. which I left seemed to excite him. He never could, previously to this, take any narcotic which did not produce excitement instead of quiet.

Dr. Fulton saw the case with me to-day and confirmed my diagnosis. He seemed to feel satisfied that the case would have been confluent had it not been checked by some means.

I would here state that on the evening of the 28th, the third or rather fourth day of the eruption, Dr. B. F. Dake saw the case. He had been sent out to vaccinate the young man's mother, who happened to be there when the disease broke out. He stated at the time that he thought the case would be a bad one of the confluent variety of small-pox. After I wrote to him of the progress of the case the next day, however, he doubted his own eyes, and thought it must have been something else.

Gave no medicine.

Jan. 31st. Pulse 60, slept very well without medicine, but complained of headache, which he has had every morning after waking, and which generally lasted several hours; also of a troublesome cough. Mouth sore, saliva profuse.

Gave Nit. ac. 1, in water, 3 hours.

Feb. 1st. Slept tolerably well; coughed for some time after awaking; mouth better.

Nit. ac. 1, in water, 3 hours.

Feb. 2d. Face still mottled though smooth. Spots on arms and back.

No medicine.

Feb. 3d. Doing very well except he has a little neuralgic pain in the left side of neck, probably from check of perspiration, as he sweats profusely every time he goes to sleep. Skin is moist all the time.

Gave Chin. off. 8, Bell. 200 every 2 h.

Feb. 4th. Feels very well with exception of pain in the neck. Spots on the back quite marked yet.

Continued Chin. and Bell.

Feb. 5th. About as yesterday; sat up some; a little pain in nape of neck.

Continued Chin. and Bell.

Feb. 7th. Feels very well, but has lost a great deal of flesh. Spots are quite distinct on the back although they have disappeared from the other parts of the body.

Gave Rhus tox. 5 every 3 h., for pain in nape of neck.

Feb. 9th. Fourteenth day of eruption. Back mottled yet; pulse 80; sitting up; seems very well, though weak.

I had thought of comparing the course of the eruption in this case with that of rubeola and roseola, to show that it could not have been either one of those diseases; but I do not think this is necessary; the case is fully detailed and will stand on its own merits. I would have felt this more necessary were my experience not corroborated by other observers well recognized by the scientific world, whose opinion and observations will carry weight and conviction to many who would have little respect for mine.

After speaking of the practice of the Arabian physicians, viz., of opening the pustules and evacuating their contents, and of the ectrotic method of touching the vesicles with Nitrate of silver after removal of the apex of each, or of washing the body with a strong solution of the same substance; also of the practice eulogized by Dr. Midivaine, of Ghent, which "consists in the application of sulphur ointment, by means of slight friction, to the entire surface of the skin," Dr. E. Wilson, in the third American, from third London edition, p. 130, says:

"A more important ectrotic remedy than either of the preceding is one which has lately been made the subject of an essay read before the Parisian Medical Society, by their President, Dr. Oliffe. This remedy is mercury, applied to the external surface of the body, and is one which is deserving our most attentive consideration. Mercury administered internally has long been known to possess remarkable powers in modifying the influence of variola upon the system, but it was left to modern times to prove that this agent has also the property of neutralizing the variolous virus, when applied externally. I pass over the well-known and unmeaning experiment of Von Wenzel, namely, the trituration of the variolous matter with calomel, and the consequent marvel that the virus should have lost its inoculating power, to the more rational experiment of Serres, afterwards so successfully pursued by M. Briquet. The mercury was employed by these gentlemen in the form of a plaster, the *emplastrum vigo cum mercurio*, of which the formula in the French Pharmacopœia is as follows:

| | | |
|---|-----------|----------|
| R. Mercury, | | 95 parts |
| Balsam of storax, | | 48 " |
| Common plaster, | | 312 " |
| Wax, resin, turpentine, āā, | | 16 " |
| Gum ammoniac, bdellium, olibanum and myrrh, āā, | | 5 " |
| Saffron, | | 3 " |
| Spirit of lavender, | | 2 " |
| M. | | |

"In the first experiment, a strip of this plaster was placed on the arm of a patient attacked with variola, while a similar strip of diachylon plaster was applied to the opposite arm. Under the mercurial plaster the development of the eruption was arrested, under the other plaster no modification took place. In the second case the face of the patient was covered with the plaster, a part of which he tore off during the night which followed its application. The denuded surface was the seat of suppurating pustules, whilst on that portion of the visage which continued subjacent to the plaster their abortion was effected.

"In a third case—a man affected with violent confluent variola, the pimples were small, scarcely raised above the level of the epiderma, and surrounded with a brilliant red areola. The vigo plaster was applied, and allowed to remain seven days; on its removal it was found that no suppuration had been established, with the exception of four pustules, and these were situated near the mouth, and had not been in contact with the plaster. This patient was radically and rapidly cured, and no scars were manifested.

"The mode of application of the mercurial ectrotic is thus stated by Dr. Oliffe: 'The whole face should be covered with a mask of the vigo plaster, merely leaving a space for the mouth, nostrils and eyes. A little mercurial ointment is applied to the eyelids.' 'The plaster is allowed to remain for three days in simple small-pox, and for four days in confluent.' In the event of any objection to the plaster arising, mercurial ointment may be substituted with a fair prospect of benefit. I recently suggested this plan of treatment to a young practitioner who had several cases of small-pox under his care; he reported to me that within half an hour of applying the unguentum hydrargyri fortius to the skin the troublesome itching entirely ceased, and the pustules ceased to grow. M. Serres entertained the belief that the mercurial treatment would effect the miscarriage of the eruption at whatever period it was used; but *M. Briquet has satisfactorily shown that the eruption remains unmodified if it has reached its pustular stage.* The proper period for the application of the remedy is the second day, or, at the latest, the third day of the eruption. Its effect is to produce immediate resolution of the eruption, or to arrest it at the papular or vesicular stage; it now becomes purulent, and the skin between the pustules is never inflamed and swollen. But however powerless as a perfect ectrotic the mercurial application may be when used in the

pustular stage, it would seem from the evidence of Dr. Oliffe that the local inflammation is much modified and ameliorated. According to M. Briquet, 'the mercury acts as an antiphlogistic or resolute, in destroying or suppressing the local inflammatory process; or it exercises a specific action on the cause, whatever it be, which produces the variolous pustule.' From the researches of M. Briquet on other inflammations of the skin, the latter of these propositions would appear to be the most correct. It is interesting to learn that, in the progress of his experiments, M. Briquet ascertained that mercury possessed precisely the same influence over vaccinia as over variola—an additional fact in evidence of the identity of these diseases. The mercurial ectrotic treatment has been adopted with success by Dr. Hughes Bennett, in Edinburgh. He employed an ointment consisting of the unguentum hydrargyri fortius, an ounce mixed with one drachm of starch powder. The ointment was applied pretty thickly over the face night and morning, with the result of preventing itching and swelling of the skin, the deep red stains which small-pox commonly leaves behind it, and the formation of pits.

"I have not heard of any injurious effects following the use of the mercurial ectrotic, but M. Piorry has recommended in its stead the application of blisters. The advantages of this method he conceives to be the avoidance of any risk of salivation and of the danger of repulsion. The blister, he remarks, is derivative in its action, and not repellent; but he, at the same time, admits the possibility of ischuria as a consequence of its use.

"I cannot recognize for a moment the doctrine of repulsion, or the theory upon which it is based in connection with the arrest of the serious effects of small-pox upon the face. The only part of M. Piorry's objection which merits attention is the chance of exciting salivation, which is known to be an occasional normal accompaniment of the variolous fever. If this fear should sway the mind of any of my readers, and if salivation on the one hand, and ischuria on the other, should seem to them to prohibit the use of both remedies, there is another against which neither objection holds, although I believe it to be inferior in power to the mercurial ectrotic. I allude to the tincture of iodine. This fluid is to be pencilled on the eruption at as early a stage as possible once or twice a day. Dr. Crawford, of Montreal, first called attention to the remedy in 1844, and gave a favorable report of its success, and his report has been corroborated by the subsequent prac-

tice of other medical men in British America and the United States. Its good effects are the alleviation of inflammation, pain, swelling and itching, the arrest of development of the pustules, the prevention of the red stains which follow the eruption, and the considerable reduction in extent of the pitting of the skin. In this latter respect the tincture of iodine is decidedly inferior to the mercurial ectrotic."

To-day I heard that a physician of Washington, Pa., had been very successful in treating small-pox with the mercurial salve.

I will only add a few remarks to the preceding in regard to other ectrotic treatment, referring to Hughes's work on Therapeutics as well as to journals in which the cases have been related. One of these is vaccination early in the disease, if the case is one of original small-pox; another is the administration of vaccine internally. The same result has been claimed by several physicians for Variolin administered internally, and the same for Thuja. -

From the observations contained in the extract from Wilson, it seems to me that the best antidote for the poison of variola in clothes, bedding, etc., would be a solution of one of the mercurial preparations—probably corrosive sublimate would be the most convenient. This might be prepared in any convenient quantity, and the clothing, bedding, etc., soaked in it for several hours before being washed.

THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, NEW YORK.

BY EUGENE ROLLIN CORSON, M.D.

IN the summer of 1875, through the energy of Dr. Egbert Guernsey and other prominent homœopathic physicians of New York City, a petition was drawn up and signed by many of the most wealthy and influential citizens, representing about \$400,000,000, asking for the privilege of using a large building on Ward's Island known as the "The Inebriate Asylum" and "Soldier's Retreat," for a homœopathic hospital. The building referred to was in charge of the Commissioners of Public Charities and Correction, and was originally built in 1863 for an inebriate asylum, but in 1869 was employed by General Bowen for the disabled veterans of our civil war, and hence its name.

This petition was addressed to the Hon. William H. Wickham, at that time mayor, and referred to the Commissioners of Public Charities and Correction. The petition was favorably received, and action was taken upon it, and in due time measures were taken to fit up the building for the purposes of a hospital.

On September 10th the homœopathic hospital was formally opened; the first patient was admitted September 4th.

Dr. Selden H. Talcott was placed at the head of the institution as Chief of Staff, with Drs. C. L. Nichols, Duncan Macfarlan, J. D. Madden and R. B. Sullivan as House Physicians.

A medical board was instituted, consisting of the following gentlemen: As officers, Egbert Guernsey, M.D., President, H. D. Paine, M.D., Vice-President, Alfred K. Hills, M.D., Secretary; and as members, Drs. William Tod Helmuth, George E. Belcher, W. H. White, James Robie Wood, John C. Minor, S. P. Burdick, Alexander Berghaus, F. E. Doughty, J. H. Demarest, George S. Norton, William S. Baner, J. W. Dowling, Charles A. Bacon, J. H. Thompson, J. McE. Wetmore, Samuel Lilienthal, E. Carleton, Jr., A. P. Throop, S. S. Bradford, T. D. Bradford and C. B. Carrier.

The salient points in the history of the hospital for the remainder of the year, I take from Dr. Talcott's first report for the year ending December 31st, 1877:

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| Whole number treated (including 127 insane patients*), | 476 |
| Discharged recovered, | 73 |
| Discharged improved, | 65 |
| Discharge unimproved, | 7 |
| Died, | 18 |
| Remaining December 31st, | 262 |

As to the Inebriate Asylum, 8 remained January 1st, 1875, and 43 were admitted to December 31st, 1875; 40 were discharged, 3 eloped, and 1 died, leaving but 7 in the building January 1st, 1876.

During the year the old soldiers were transferred to the National Soldiers' Homes. The last inmate was discharged in December, and the Soldiers' Retreat ceased to exist.

Almost all the patients admitted were chronic cases; and

* These 127 insane patients were transferred to the hospital at its opening from the New York City Asylum for Insane. They were mostly cases of chronic dementia, offering but faint hopes of recovery, and therefore a deadweight upon the hospital. This inconvenience had to be put up with.

of the 18 that died, the cause of death in one-half was phthisis pulmonalis, general paresis in 4, epithelial cancer in 1, pleurisy and abscess of the liver in 1, and tertiary syphilis in 1. This gave a death-rate of 3.78 per cent.

With the year 1876 the prospects improved, with more room and better accommodations, more patients and a better class of cases.

In April the old staff gave way to a new staff composed of Drs. F. A. Bishop, W. F. Decker, F. M. Earle, F. A. Hale, R. W. Mifflin, and A. P. Williamson. In the early part of the year an amphitheatre was erected in the chapel suitable for clinics; these were held once a week, and largely attended by the students of the New York Homœopathic College. Here also a series of lectures were delivered for the benefit of the nurses by members of the medical board.

In the fall Drs. B. G. Carleton and C. C. Boyle were appointed to fill the vacancies in the house staff, caused by the resignation of Drs. Decker and Earle.

From the annual report for the year ending December 31st, 1876, we gather the following facts, showing the year's work:

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|--|------|
| Whole number of patients treated, | 3077 |
| Discharged cured or relieved, | 2334 |
| Discharged without material improvement, | 70 |
| Died, | 187 |

This gives a death-rate of but 6.07 per cent. Although we cannot properly compare these results with those of the Bellevue Hospital,* which receives almost entirely acute cases, we can consistently compare it with the results attained by the Charity Hospital on Blackwell's Island.

G. O. Morrison-Fiset, M.D., examining physician, says in his report: "Subacute and chronic medical and chronic surgical cases were, as far as possible, equally divided between Charity and the Homœopathic Hospitals. Permits which had been signed for Bellevue or Charity Hospitals were altered for the Homœopathic Hospital whenever patients manifested a predilection for homœopathic treatment, and *vice versa*."† Charity Hospital shows a death-rate of 8.1 per cent. This compari-

* The death-rate of Bellevue Hospital for 1876 was 12.3 per cent.

† This statement, however, must be taken *cum grano salis*; a reference to the causes of death and the proportion of cases discharged "cured" or "improved," shows that the Charity Hospital received more acute and curable cases than our hospital. It is enough, however, that the examining physician admits the similarity of the cases in the two hospitals, with the difference in the death-rates before him.

son is all the more significant and in our favor when we add that in Charity, phthisis was the cause of death in but 27.3 per cent., while with us 56.1 per cent. of cases lost are from phthisis.

The great majority of the cases of phthisis received in both hospitals are incurable, and enter the hospital to spend their last days under its roof; the cases are not only well advanced but are rendered all the more hopeless by the effect of poverty and crime. With it all there is a striking similarity between the hospitals in the percentage of cases discharged cured or improved; with Charity it is 76.09 per cent., with us 75.85 per cent., a difference of but 24 per cent !

A comparison financially is also in our favor. In the Charity report the expenditures for drugs, medicines, liquors and ale, for 1876, amount to \$13,477.88; with us but \$1611.41; a great difference. Provisions, clothing, bedding, etc., etc., are furnished the three hospitals at the same rates. With the difference in the drug expenses, however, the per capita rate is greater with us than with Charity, for the simple reason that the average time each patient remains in the hospital is longer with us. It would be interesting to know the average time spent by each patient in the two hospitals.

The results so far attained are most flattering. While we remember that the hospital is still in its infancy, and that there is great room for improvement in every direction, our results make a brilliant success not only possible but most probable.

With the year 1877 our prospects became still brighter; the class of patients not only improved but the hospital was fuller than ever before. To-day, August 23d, as I write, our census shows 520 inmates, while the census this day last year showed but 413 inmates.

In April a change was made in the staff, which now consisted of the following gentlemen: Drs. Carleton* and Boyle, who had been appointed in the fall of 1876, Dr. George Allen, who was appointed in March, and Drs. George W. Blodgett, C. W. Cornell, Eugene Rollin Corson, Walter Y. Cowl and W. H. Stevens, who went on duty April 1st.

May 1st Dr. Talcott resigned after a faithful and successful term of service of twenty months, to accept the more lucrative

* Dr. B. G. Carleton has been appointed special pathologist. It will be his duty to see that notes are taken and properly recorded in all the post-mortems made, and that all suitable specimens are preserved.

position of Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y. He was succeeded by Dr. A. W. Holden, who entered upon his duties with the zeal and determination which promises success.

For the full results of the year we must await the annual report to be issued at the end of the year. I offer the following flattering results to show what may be expected in that report:

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| Patients remaining in the hospital, January 1st, 1877, | 486 |
| Patients admitted from January 1st to August 23d, | 2794 |
| Whole number treated up to August 23d, | 3280 |
| Died, | 158 |

This gives a death-rate of but 4.81 per cent.

The entire cost of the hospital from January 1st to July 1st was \$27,365.12; for these first six months last year the expenses were \$22,087.27. The difference is accounted for by the greater number of expenditures made in repairing and adding to the hospital and adapting it to the reception of a larger number of patients.

For want of space I have been obliged to be very meagre in my history of the hospital, giving those points showing the results so far attained; wishing rather to show what had been done than how it had been done. I trust so far my object has been accomplished.*

I desire, however, to make a few general remarks on the character of the cases received. Phthisis pulmonalis, chronic bronchitis, subacute and chronic rheumatism and morbus Brightii in its different forms constitute the great majority of our medical cases. As I said before, our cases of phthisis are almost all hopeless ones; incipient phthisis, which we can send out cured or relieved, is rare. Chronic bronchitis and chronic rheumatism try our patience and skill to its utmost. Of course many are admitted with complications and inter-current diseases which break the monotony of the cases and give us an opportunity of examining and treating diseases of the heart and abdominal viscera. Cases of ulcers fill the larger part of our surgical wards. Chronic ulcers are to the surgeon what chronic bronchitis and rheumatism are to the physician. We have an ophthalmic and erysipelas ward, and our female wards contain gynæcological cases, which give us patients more satisfactory to treat.

I have given this short account of the hospital to bring the

* For further information I must refer the reader to the two reports of the hospital, the first for the year ending December 31st, 1875, and the second for the year 1876.

institution more prominently before the homœopathic profession outside of New York. And especially the faculty and students of the Homœopathic College of Philadelphia. When we consider that this is nearly the only large general homœopathic hospital worthy of the name in this country, and perhaps in Europe, its present condition and future position should interest all the members of our school. So far its results guarantee its continuance and render its firm establishment certain. I trust that every physician will take the success of the hospital to heart, and feel responsible for its future standing in the profession.

I am especially desirous of bringing the institution to the notice of the students of the college. One of the greatest advantages, if not the greatest advantage, which the old school has over us, is the opportunity of giving its students the clinical advantages of a hospital. I use the word *clinical* in its original sense. It matters but comparatively little *where* the student obtains his book knowledge, he can get it almost as well in his study as in his lecture-room, but it is of great importance where he gets his *clinical knowledge* or "experience," as it is generally called. In private practice it takes time, often the best time of a man's life, and even here he lacks certain advantages and privileges only attainable in hospital practice. Now, although our hospital lacks much which is enjoyed by a hospital for more acute cases, it offers to the homœopathic student privileges to be obtained nowhere else. A hospital for chronic cases can be made more useful with homœopathy for clinical teaching and empirical results than with the old school, for it is often, if not mostly, in chronic cases that homœopathy shows its powers. The question in acute diseases is continually put, Would not the patient have recovered without medication? But in chronic diseases which do not get well of themselves, but go from bad to worse, a cure is something *positive*.

We have here the opportunity of testing to its utmost all the possibilities of homœopathy and all questions of posology, of acquiring a knowledge of morbid anatomy through numerous post-mortem examinations, and of becoming skilled in the diagnosis of diseases of the heart and chest and female generative organs; three very important departments of medicine. Despite the cry against the practicableness of pathology and physical diagnosis, the profession are coming to look upon their importance with more reason and justice. It is a duty the physician owes to his profession and his patients.

Every interne who works faithfully and interestedly can leave with his knowledge of *Materia Medica* strengthened, and with a knowledge of physical diagnosis and morbid anatomy which will give him a position in the profession, and an advantage over his less fortunate brother practitioner.

Let me in closing again beg that the students of the Philadelphia college will strive earnestly to obtain positions in the hospital. So far there has been little or no competition, but I trust that next year it will be a truly competitive examination between the graduates of our colleges, so that the position may be regarded as an honor to be eagerly striven for. It will be a benefit to the hospital and to the profession at large.

No one can regret the time spent here, but will look back upon it as a most profitable and happy year.

ABSTRACTS FROM THE MINUTES OF THE ANATOMICAL SOCIETY OF ALLEGHENY COUNTY, PENNSYLVANIA.

REPORTED BY C. P. SEIP, M.D., SECRETARY.

THIS Society was organized October 19th, 1874, and was chartered December 4th, 1875. The object of the society is the practical study of anatomy, morbid and surgical anatomy, and surgery. The following abstract from the opening address of the Society's first President, J. C. Burgher, M.D., will convey a better idea of the purposes of the Society: "We have convened this evening as physicians and devotees of science to join in an informal manner in the inauguration of 'The Anatomical Society of Allegheny County;' I believe the first and only systematically organized body of the kind in the city—if not in the State. We have no more decided evidence of progress than this, and yet it is evident that the value of such an organization must depend upon the manner and spirit with which its legitimate objects are pursued. Anatomy may be not inaptly termed the alphabet of medical science. To the student of medicine practical anatomy is indispensable; by it he adds to his knowledge of physiology and pathology, as well as of histology. This field of research will prepare him for a close analysis of disease, and in his scrutinizing search enable him to determine the organ or tissue, the solid or fluid, which takes on abnormal action; it will both direct and abridge his future studies. His familiarity

with physiological conditions will facilitate his diagnosis, while his pathological knowledge will aid in his prognosis. The knowledge which his scalpel reveals on the cadaver will be his guide in the use of the bistoury in the living tissues. It will direct his manipulations in reducing the dislocated joint, and in adjusting the broken bone, and in the ligation of arteries and the removal of morbid growths. . . .

"Homœopathy established the first free dispensary in this city and left the 'old school' follow in her wake, and it is more than probable that they will follow suit in opening a room similar in its objects to this.*

"Now I have been long impressed with the idea that anything which the homœopathic physicians of the 'Tween Cities' take in hand is bound to succeed. Let this enterprise be no exception."

Its membership is not confined to homœopathic physicians and their students; any person desiring to study anatomy may become a member. The Society holds one regular and one special meeting each month. At the former one lecture is given of a course agreed upon by the Executive Committee. This course embraces twelve lectures, and each member appointed to deliver a lecture is notified at the beginning of the year. At the special meetings the Demonstrator gives lectures on minor surgery. The dissecting-room is supplied with all conveniences necessary to a first-class dissecting-room, and is amply supplied with good material, which is used for dissection and operative surgery.

We have also a nucleus for a museum which already contains a number of valuable and interesting specimens. The students fully appreciate the benefits derived from their connection with the Society, and their standing at college testifies as to their proficiency.

The following is an abstract from a report of the case of a so-called hermaphrodite reported by C. P. Seip, M.D.

AN "HERMAPHRODITE."

Miss C——, æt. 40; native of England; height 4 feet 6 inches; weight 90 pounds. In January, 1872, she called at the dispensary for treatment for menstrual derangement and cough. While examining her chest I noticed an almost entire absence

* True to Dr. Burgher's predictions the "old school" physicians applied for a charter and obtained it just one month after the charter was granted to the Anatomical Society.—SECRETARY.

of the mammary glands, and an unusual amount of long black hair about the nipples. The persistent backache and difficulty of micturition, together with suppression of the menses, led me to believe that there was some uterine trouble, but no examination was permitted at the time. Several weeks later she called again and requested to be examined, stating



that she thought she was not like other women, and particularly requested that no record be made of her condition. The first examination was made in the usual way, the patient stand-

ing, but I was unable to find the vagina. While endeavoring to find some opening my finger came in contact with a pendulous object which rapidly grew larger and firmer.

Thinking the case rather an unusual one, I requested her to call at my office the same day, so that I could make a more thorough examination than my time at the dispensary would permit. Assisted by Dr. Hofmann, we found an apparently normal penis, about two and three-quarter inches long, the glans penis perfectly developed with a well-marked corona glandis, the prepuce covering nearly the entire glans. Closer inspection showed that it contained no urethra, but only a small depression at the point of the glans. The perineum was thinly covered with long black hair, but there was no external evidence of a vagina. By passing my finger from the anus towards the pubis a small fissure-like opening was found, into which, after several attempts, I succeeded in getting first my little finger and then the index finger. The vagina was about four inches deep and in the usual position; a small uterus, with no cervix, but only a sphincter-like opening, was found. There were no labia, but from the under surface of the penis there was a double fold of skin extending down to the upper commissure of what was afterward found to be the vaginal orifice. The urethra was found in the vagina nearly one inch from this orifice. From the head to her hips she looked like a man, while her lower extremities were like those of a woman. Her face and chest were covered with hair, and if she permitted the hair on her face to grow for a few weeks, no one would suppose her to be a woman. She first menstruated in her twenty-fifth year, and at irregular intervals afterward, and at such times had great sexual desire.

In February, 1875, she decided to get married, and then desired to have this enlarged clitoris removed, which, after consultation with the surgical staff of the hospital, was decided upon. After the patient was brought under the influence of chloroform, a cast of the parts was made, of which the cut given is a good life-size representation. The skin was divided on the dorsum of the penis, from the glans to the pubic bone, the *écraseur* was applied close to the bone, and amputation effected *without the least hemorrhage*. The vaginal orifice was then enlarged from the anterior commissure towards the pubis, to within one-fourth inch of the urethra. The folds of skin from the penis were then trimmed and fastened with three sutures to each external lip, thus making the labia minora. The urethra was in about the natural position. The wounds united

by first intention, and the patient left the hospital in eight days. Subsequent treatment for several months consisted in dilating the vaginal orifice, until a glass dilator five and one-half inches in circumference and five inches in length could readily be introduced. About three months after the first operation, I made an incision through the posterior commissure about one-fourth inch. The removal of the enlarged clitoris does not seem to have in the least diminished her sexual desire, but on the contrary it has been increased. This would demonstrate the absurdity of removing the clitoris for the cure of nymphomania.

In this case I removed the clitoris only after the repeated solicitations of the patient. She desired to get married, and feared the "growth" would be an impediment to coition, as at the least sexual excitement it became erect, but the folds of tissue beneath would pull it downward, thus bringing it directly in front of the vaginal orifice. The subsequent treatment by dilating was entirely successful. She has not menstruated for nearly three years.

At the regular June meeting the appointed lecturer for the evening being unavoidably absent, Dr. J. H. McClelland was invited to occupy the hour with some remarks upon the subject of

INFLAMMATION.

Dr. McClelland then proceeded to address the meeting. He said the subject of *inflammation* had been suggested to him as the basis of a few remarks this evening, and he would confine himself, in view of the object for which the Society was organized, to a glance at some of the anatomical changes which transpire during the progress of this interesting process.

Great light had been shed upon this subject in recent years, and the researches and deductions of Burdon-Sanderson, Cohnheim, Green, and many others have done much to clear up disputed points.

It is a process lying at the very foundation of pathology, and a clear understanding of the causes, modifying influences, tissue changes and *rationale* of the inflammatory process, would not only be gratifying as a scientific acquirement, but be of real value to the busy practitioner in the practical conduct of many cases.

It will be borne in mind that *hyperæmia* does not constitute inflammation, although some of the phenomena of the latter

are present. This excess of blood to a part, or *congestion*, may be active or passive, the former being arterial, while the latter is venous and usually mechanical in its origin.

Further, as there is no exudation of the constituents of the blood from the vessels, an essential characteristic of inflammation is lacking.

The term inflammation implies *heat* as a constant condition, while the process itself has been properly described as a series of changes in a part or tissue, due to an injurious stimulation, which falls short of actual destruction; as for instance, if a part is completely devitalized from a blow or the effects of heat or cold, no inflammatory action can take place,—it is dead; but if the injury is of less degree, it amounts to an injurious stimulation, and is followed by an increased flow of blood to the part and subsequent changes which constitute inflammation.

It is further clearly understood that the changes mentioned occur first and mainly in the bloodvessels and their contents. To what extent these variations are dependent on nervous (vaso-motor) influence, and to what degree on local stimulation and independent cell activity, cannot be definitely set forth; able men on each side of the question advocating one view almost to the exclusion of the other. It would appear, however, that all of the phenomena can only be explained by recognizing the all-pervading influence of the central nervous system, *the oneness of the organism in its supervision of all its parts*, as well as the measurable independence of cell life.

Let us inquire for a moment into what takes place.

It has been thought that the first effect of the stimulation was a contraction of the vessels; this is, however, uncertain or at least not constant.

Dilatation of the vessels with acceleration of the blood-current, are without doubt early and constant phenomena. Soon, however, the current slackens its pace and merges into the condition known as *inflammatory stasis*. It is during the period of retardation that the emigration of blood-corpuscles (leucocytes) occurs, which with the exudation of the liquor sanguinis constitutes the *inflammatory effusion*.

Here let me remark that it is thought by some that the emigration of blood-corpuscles is due to an independent cell activity or amœboid motion (which they certainly possess), but accurate observation shows it to be due to changes in the vessels themselves by which escape of leucocytes is permitted.

An *altered nutrition* of the part is now noticed, due doubtless to the stimulating properties of the liquor sanguinis, which

induces rapid proliferation of the cells, and also to a perverted nerve stimulus. It is easy to be seen how this altered nutrition might result in new formations.

Now the changes to which I have just referred manifest themselves by certain well-known *signs*, the four characteristics of Celsus, viz., pain, heat, redness, and swelling, with the additional one of disturbed function.

The Doctor then referred to the relation each of these held to the tissue changes.

The *terminations* of inflammation were now briefly discussed. When the process is arrested at a timely stage of its progress, absorption of the effused liquor sanguinis takes place, the emigrated cells adapt themselves to the parts or suffer fatty degeneration and absorption. The vessels assume their natural size and function, and we are witnesses of the most desirable termination, viz., that of *resolution*. Or in cases of injury, the effusion being of a plastic character, takes a useful part in the process of repair or new formation.

When, however, the inflammatory action is excessive, terminations of a destructive kind are the result, producing abscess, ulceration, gangrene.

Dr. McClelland finally spoke of the suppuration process, the nature and derivation of pus, and the effect it produces upon the tissues with which it lies in contact.

A REPLY TO DR. BURDICK.

"*Parturient montes, nascitur ridiculus mus*;" and Professor Burdick was the accoucheur, with instruments, Dr. Allen not having time to attend.

The question at issue is, by which mode of preparation the highest dynamization is obtained, that of Hahnemann or the fluxion process of Fincke and Swan; it is the result and not the processes that is to be discussed. Professor Burdick makes a point of my potentizing vial holding 400 minims instead of 100; but in making the 1000 potency, I only use $333\frac{1}{3}$ cubic inches of water and potentize the alcohol from the adherent drops in the vial, and I fail to see where the error counts. The professor attacks my mathematics and states the case thus: $333\frac{1}{3}$ cubic inches of water raise the tincture to the 1000 potency, but $333\frac{1}{3}$ cubic inches more raise the 1000 my potency to only 2000; in other words, ten times one is 10, and

ten times 10 is 20. If any one fails to see the truth of this, it is because he has not studied the same arithmetic Professor Burdick did.

As proof of this statement, we refer to Hahnemann's centesimal system, which is not under discussion, and Swan's notation never was claimed to be Hahnemann's. Hahnemann's was an arbitrary notation, as he calls 100 times 1, and 100 times 100, 2.

These doctors must stick to the text, and consider only results, and not side issues.

Now, I would ask any reasonable man if the θ , 100, 1000, 30,000, or 50,000, were treated with $333\frac{1}{3}$ cubic inches of water, which is one million minims, if it would not raise them all 1000 times, according to the centesimal scale. Professor Burdick does not believe my potencies are centesimal. Let us examine this. In the Hahnemannian plan the first 100 drops are displaced by emptying, and a second 100 drops introduced; this in turn is displaced, and a third introduced, and so on. In Swan's plan, the first 100 drops *has* to be displaced before the second is introduced, because you cannot put more water in a full pitcher till it is first emptied. In the Hahnemannian plan this is accomplished by the slow process of emptying the vial each time. In Swan's the process is rapidly performed, by one 100 drops displacing the preceding one, by pushing it out, the dynamization being continued by the force with which the streams of water impinging upon the sides and bottom of the vial, agitate and succuss the contents. It may be asked, why not stick to the Hahnemannian process? Simply because careful observing physicians found from clinical experience, as Hahnemann did, that the greater the dynamization the more rapid and efficacious the action, and higher potencies were demanded. These Lehrman and Jenichen furnished by a slow and laborious process, and even then, got no higher than the 40m, and there were more to take up the work. Dr. Fincke then discovered the fluxion process, and those physicians who felt the need of higher potencies at once ordered and used them, asking no questions as to how they were made, being satisfied with the results. Higher potencies than the cm being wanted, and Dr. Fincke refusing to sell me any, I was compelled to make them myself. Now, only think what a waste of time and money there has been to produce the mm potency, when Professor Burdick says it is only the 10th Hahnemannian; that the transit of 100,000,000 minims, $45\frac{1}{4}$ barrels, through my potentizer under violent succussion dur-

ing 96½ hours, only results in doing what he can do with 1000 minims, divided into hundredths and emptied ten times; and the question naturally arises, why is it that the most careful, studious, conscientious and successful physicians persist in disposing of their Lehrman's, Jenichen's, and other potencies, and using almost exclusively Fincke's or Swan's fluxion potencies?

Well, I will tell you: It is from "pure cussedness" and a settled determination to "disgrace homœopathy," as Dr. Allen says, quoting from his friend Dr. H. M. Paine, whose views on this and cognate subjects were so fully *indorsed* (?) by the "Central New York Homœopathic Medical Society."

Now I had supposed some experiment could be made to decide the difference between the two plans of potentization, and hoped that the spectroscope would assist us. The experiment was made, as Professor Burdick states, and wills how in his next paper.

The spectroscope and fluorescence deal *only* with matter; dynamization is beyond the power of either, and can *only* be decided by clinical experience on the sick. Does Professor Burdick suppose that a high potency made *a la* Hahnemann—say the 50 m—would be affected in its action by coloring the dilution with Eosine? If he does, his experience differs widely from mine.

Again, no experiment can be considered a final test, the results of which can be varied by manipulation. If I let the full force of my potentizer into the vial, the horizontal currents coming from the side holes in the tube cause rotary currents that contain the coloring-matter a long time (so Professor Burdick informed me); hence, in our experiment, the color was seen, I think, in the thousandth,—certainly in the 100th,—while by allowing the water slowly to displace the coloring-matter, and then let on a full flow, I failed to get it in the 25th.

Usually these semi-occasional attacks on high potencies have been rather iconoclastic—pulling down and breaking without subsequently offering a substitute.

It is to be hoped that Professor Burdick will develop some new and better process of potentization, so that none will be afraid to use them for fear they are *too high*, or reject them because the millionth is no higher than the tenth Hahnemannian.

Dr. Skinner has perfected a potentizer that empties the vial at each one hundred drops, one of which I expect soon to receive.

But the trouble with all these is that they are too slow. His makes the 2000th in an hour; to make the millionth (and there are those who must have the millionth), it will take five hundred hours, or $20\frac{3}{4}$ days of twenty-four hours.

The use of high potencies does not make good physicians, but good physicians gravitate or levitate to high potencies.

S. SWAN.

REPLY TO DR. J. C. MORGAN'S NOTES ON BUCHU.

BY J. F. COOPER, M.D., ALLEGHENY, PA.

ALL reviews should be written with a full knowledge and after a careful study of the subject reviewed, and in a spirit of candor alike creditable to the reviewer and the profession.

If Dr. Morgan had carefully read the article reviewed, he certainly would not have found any difficulty in coming to a proper conclusion with reference to the termination of the case.

The Doctor will please allow me here to thank him for bringing to my notice the blunder made by writing *Crenata* twice where it should not have been in the paper on *Buchu*. *Crenata*, as the Doctor truly says, has reference to the shape of the leaf. The term *Diosma* is also from two Greek words, which, when placed together, mean heavenly odor. Had the article been written as above, it would have been correct.

He next objects to the symptoms enumerated being considered worthy of any confidence on account of the *Buchu* being combined with *Paregoric*, which is itself a compound made up of elements of an antagonistic character.

In giving the principal symptoms of the case, only the relative strength of the *Paregoric* as a whole, in connection with the *Buchu*, was considered.

It was not intended that the symptoms given should stand instead of a thorough and reliable proving. If a proving is hereafter made, the symptoms given in my paper would be more or less confirmatory of the symptoms of such proving, so far as there would be a correspondence of symptoms. When *Buchu* and *Paregoric* are compared, it cannot but be noticed, from the knowledge we have of the properties and powers of both, that the symptoms producible by each would be decidedly unlike. *Paregoric* may be taken regularly for months, and in far greater quantities than was taken by the patient whose symptoms have been given, without producing any dis-

trressing urinary symptoms. On the other hand, Buchu cannot be taken for any considerable time, even in moderate quantities, without producing a set of very positive and distressing urinary and bladder symptoms.

Dr. Morgan cites the last paragraph of the paper to show that Benzoic acid symptoms prevailed over those of Buchu.

In writing the paper, Benzoic acid was not thought of as a constituent of Paregoric; had it been, it would not have been named as a remedy.

To give the reader of this article an opportunity to judge of the effects or symptoms produced by this compound, the different substances of which it was composed will here be named, with the proportion of each in the dose given. A dose was taken each evening, just before retiring, of a teaspoonful of a mixture of equal parts of fluid extract of Buchu and Paregoric. On making an exact calculation, there would therefore be about of

| | | | | | | | |
|---------------|---|---|---|---|---|---|-----------------------|
| Opium, | . | . | . | . | . | . | $\frac{1}{10}$ grain. |
| Benzoic acid, | . | . | . | . | . | . | " |
| Camphor, | . | . | . | . | . | . | " |
| Aniseed oil, | . | . | . | . | . | . | $\frac{1}{4}$ minim. |
| Honey, | . | . | . | . | . | . | $1\frac{3}{4}$ " |
| Buchu, | . | . | . | . | . | . | 30 minims. |

The balance of the spoonful being made up of the alcohol forming part of the Paregoric.

When we consider that only about a grain of Opium can be safely given for a dose, and that of Benzoic acid from ten to thirty grains are given, the size of the dose in this case sinks into insignificance, aside from its being more than possible that it was neutralized by the Camphor and Opium. We see $\frac{1}{10}$ grain of Benzoic acid, with thirty drops of strong tincture of Buchu taken each evening for two months or more, and the symptoms follow. Why they should be considered Benzoic acid symptoms, I cannot see. If explainable at all, it will have to be done by the Doctor himself.

The symptoms of the case were so powerfully aggravated by giving the attenuated Buchu, that I feel satisfied in my own mind that the severe symptoms seen in the case previous to my giving it were the result of the taking of that drug.

Since the paper was written, I have had a number of opportunities to test the curative powers of Buchu. In some of the cases the remedy did not meet my expectations, but in others just as prompt and effectual curative influences were seen as could be expected from any medicine. In the absence

of a thorough and reliable proving of Buchu, it is difficult to determine its exact sphere of action. But from observations made in the case quoted, and from curative reactions following its administration as a homœopathic remedy, I feel satisfied in my own mind that it affects primarily the urethra, prostate, the walls of the bladder, including all its coats, and has a stimulating influence on the kidneys, causing a great increase of urinary secretion, and is capable of causing stricture of the urethra and violent tenesmus.

Benzoic acid had been little used by me previous to its being brought to my notice by overhauling the case quoted. Its sphere of action appears to me to be in cases involving the kidneys and mucous surface of the bladder, and is seldom called for where there is obstruction, and not at all in cases where stricture and violent tenesmus are characteristics of the case.

I lately had a case in which both medicines were used, and in which, though there was retention, otherwise there seemed to be a fair Benzoic acid indication, as the color and odor of the urine, the age and general condition of the patient, the absence of tenesmus, some mucus following the drawing off of the urine, the rather tender renal region, want of appetite, some tender places in the mouth, and for a considerable time past some rheumatic symptoms. The indication seemed so clear that it was repeated for three days without any benefit. Buchu was also given without any benefit to the patient. The catheter was used but once per day, and from the narrow or constricted condition of the urethra and blood coming away after the slightest touch of the instrument on the urethral surface, the action of Buchu was looked for with considerable interest. A number of other medicines were given without any noticeable effect. The whole condition was changed, however, and the retention disappeared, after the administration of Stram. 12^r, a dose every two hours.

Alumina and Muriatic acid have been named by Dr. Morgan as medicines that were overlooked in the treatment of the Buchu case.

Thankful for a hint that may enable me to administer successfully to the dangerously sick and suffering, and feeling that I might have overlooked something that would have given relief from pain and possibly saved life, I have studied these medicines anew. From the investigation I find nothing to change the impression had of them.

The sphere of action of Alumina is evidently not in a class

of cases where there is great pain and violent involuntary straining.

The tenesmus of this medicine is such as would come from an overdistended bladder in a condition of atony, and would scarcely be considered involuntary, and unaccompanied with severe pain.

Muriatic acid differs from Alumina in the class of cases in which it is most effective. The symptoms indicating it are mainly found in patients suffering from a thorough blood-poisoning, where the brain is overpowered and the nerve influence is vitiated, and as a consequence all the other functions are more or less interfered with, as in fevers, particularly in low grades of typhus, enteric, and malignant scarlet fever.

In winding up his review, Dr. Morgan says: "Finally hot sitz baths, etc., seem to have been overlooked." If he will take the trouble to look over the 376th page of the last volume (March number) of the *Hahnemannian Monthly*, beginning at the fifteenth line from the top of the page, he will find that his recommendation of "hot sitz baths" was anticipated.

EDITORIAL NOTES.

REPORT OF THE CHILDREN'S HOMOEOPATHIC HOSPITAL OF PHILADELPHIA, for the month ending November 14th, 1877.

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|--|---|
| Number remaining in hospital October 14th, | 6 |
| " applicants for admission, | 5 |
| " admitted, | 5 |
| " died,* | 1 |
| Discharged cured, | 5 |
| Remaining in hospital, | 5 |

The diseases treated were as follows:

| | |
|---------------------------------|---|
| Rachitis, | 1 |
| Coxalgia, | 2 |
| Tabes mesenterica, | 1 |
| Ulceration of cornea, | 1 |
| Intermittent fever, | 1 |

* This was a case of tabes mesenterica in an infant ten weeks old. The mother having no home, was permitted to remain and care for her child until its death, when she was sent to her friends in a distant part of the State.

| | |
|--|-----|
| Chronic inflammation of lungs, with retraction of ribs anteriorly, . | 1 |
| Clonus mictitatio, | 1 |
| Chorea, | 1 |
| Capillary bronchitis, | 1 |
| Diarrhœa, | 1 |
| Whole number of prescriptions in the dispensary, | 319 |
| Separate cases treated, | 137 |
| Number reporting improvement, | 129 |
| “ “ cures, | 27 |
| “ “ no improvement, | 33 |
| “ unhealed from, | 93 |
| “ treated at eye, ear and throat clinics, | 24 |
| “ “ surgical clinics, | 21 |
| “ of visits at houses, | 33 |
| Largest number treated in one day, | 28 |
| Smallest “ “ “ | 3 |
| Average daily attendance, | 11 |

T. L. BRADFORD, M.D.,

Resident Physician.

MARRIED.

MITCHELL—THOMAS.—On the 30th of October, at St. Stephen's Church, Philadelphia, by the Rev. William W. Spear, D.D., J. NICHOLAS MITCHELL, M.D., to FLORENCE L., daughter of A. R. Thomas, M.D.

SPIRIT OF THE MEDICAL PRESS.

ON THE DOUBLE AND OPPOSITE ACTION OF DRUGS, BEING A REPLY TO DR. SHARP. By J. J. Drysdale, M.D.—We present a synopsis of this paper, which was read before the British Homœopathic Congress at Liverpool, September 13th, 1877.

It is difficult to define what Dr. Sharp in his thesis upon this subject can claim as original.

His assertion that the action of small doses of drugs, as in an opposite direction to that of large doses, was first suggested as a law at the Congress in Leamington in 1873 is indefinite, for this opposite effect has been long known and often explained.

If Sharp claims anything, it must be that these double and opposite actions are different and without causal connection, that the homœopathic cure results simply from the antipathic or antagonistic action of an absolute effect upon a diseased state, resembling the other or opposite effect.

The statement is made by Dr. Sharp that “it is only the effect of small doses that can thus be used is a mere dogma, for why should not one of these effects antagonize the other?” In consistency this theory falls below both the Hahnemannian one, organic reaction, and the Bruno-Fletcherian, exhaustion of irritability, for both of these imply a causal relation

between the double and opposite actions, and the small dose is a necessary corollary from them, while an explanation of their nature is presented by the changed organic state induced by drug-action.

That a moderate dose of a stimulant acts as an excitant, while its continued use produces depression and exhaustion, explains the fact of an apparent double and opposite action.

The fact that after an excessive first dose the effect is depressant alone, explains the apparently different absolute actions of dissimilar classes of medicines, without the hypothesis that the same drug has two opposite actions as asserted by Dr. Sharp, or Dr. Hughes's theory that all drugs have only one absolute action, either excitant or depressant.

There is certainly a specific difference between excitants and depressants, but not such as to contradict the fact that all positive agents have an excitant followed by a depressant action, and the absolute action is primarily excitant.

As the small dose is excitant, its action may be maintained for a time with no secondary effect, while large doses produce only secondary exhaustion. But first one and then the other action may result from one dose, which proves that the seemingly double effect of a drug depends on the change it produces in the organism.

We quote from Dr. Sharp:

"In 1873 it was shown that small doses having action in certain fixed directions occupied a chamber of their own, and that large doses having actions in directions opposite to those of the small doses occupied another chamber. I have now the pleasure of showing that the same key which opened those chambers opens the door of the vestibule which connects the two chambers. The middle doses have two actions: the first action is that of the small doses, the second action is that of the large doses. These are the doses about which so much has been said as having primary and secondary or alternating actions.

"The nearer the middle dose is to the small one, which produces but one action, the more will its action partake of the action of the small and the less of the action of the large dose, and the nearer it approaches to the large dose, the less will there be of the action of the small dose and the more of that of the large; finally, the action of the small dose will disappear, and the action of the large dose will alone remain."

This is a surprising statement, for we thought we were in the middle chamber and had handed out the key to Dr. Sharp, who was wandering outside in the dark and cold.

He asks, "Where are the numerous exceptions where no opposite has been demonstrated?"

Well, do tea and coffee produce sleepiness and mental hebetude in small doses?

What is the opposite action of small doses of Belladonna whereby it cures erythema, erysipelas, etc.?

What is the opposite small dose action of irritants of the stomach which in full dose cause nausea, etc.? or choose examples from the whole *Materia Medica*.

Dr. Sharp's experiments, on which he asserts that the opposite action in small doses has been shown with every drug which has been tried, are insufficient. Dr. Sharp overlooks the fact that it requires different amounts of the same drug to act at all on different organs, and apparently opposite effects have often no relation with double and opposite action on a particular part. It is futile to explain cure by a merely two-fold apparent action without regarding the inner processes in which this result is brought about.

Now different organs possess different degrees of susceptibility to drugs, by which means an ascending scale of effects may be produced by differ-

ent doses of the same drug. "Many of these effects may be quite opposite in the resulting phenomena, and thus double and opposite effects may apparently lie in the absolute nature of the drug-action."

Then comes the exhaustion usual after over-excitation, which produces an exactly opposite apparent result of the action of large and small doses, or the two stages in the action of a single dose. All drug-action can thus be explained. The bare principle of a primary excitation, followed by a secondary collapse or exhaustion, is insufficient *per se* to explain many qualitative changes in the organism from disease and drugs which are cured homœopathically.

My third objection to Dr. Sharp's theory was as follows: "A definite quantity of the antagonistic medicine will always be as necessary to cure as to produce disease, and that quantity will be as much or more than will produce the effect in health."

Dr. Sharp replies: "The contrary action of the small dose applies not to a single dose, but to a series of doses, *e. g.*, from a small quantity of the pure tincture or crude drug to the third dilution or trituration, the millionth part of a drop or grain, thus leaving scope for the different susceptibility of the patient, and the varying cases of disease."

Now if the theory of antagonism is true, then the dose known by experiment to be capable of producing that antagonism must be given. "Fourthly, if the antagonistic theory were true, it would still be primary, and thus liable to be merely palliative, requiring to be constantly kept up, and in increased doses, being liable to the exhaustion and secondary opposite state of all primary actions."

All attempts to *explain* drug-action require knowledge of the intimate pathology of disease and drug-action.

I think Dr. Hughes has underrated the extent of the application of the principle of secondary exhaustion of irritability, as used by Fletcher, in reference to inflammatory diseases.

Dr. Hughes claims that the antagonistic action of the small dose during cure is liable to the exhaustion that follows all over-stimulation, any amendment is only temporary, and similar to opiates in sleeplessness, etc.

He misapprehends Fletcher's theory, as in that the vascular tissue becomes the seat of general nutritive and vital activity, while the qualitative change produced by the exciting cause of disease is of equal importance in determining the remedy.

Dr. Hughes and I agree quite nearly, and he follows my views very closely.

I admit that the vascular disturbance is *secondary* in importance, while the *primary rôle* is played by the protoplasm of the tissue itself. The qualitative change in the protoplasm is more important than any functional quantitative trouble.

But there must be a primary stimulant stage in the action of all positive agents, or our law of cure by depressants is unexplainable. This Dr. Hughes admits. In qualitative disturbances without opposites there is an anterior subtle process in vital activity, that occurs in the latent, but may not be displayed before the secondary stage. Else, how are homœopathic cures possible?

Dr. Hughes, in discussing this paper, said: I differ from Dr. Drysdale, inasmuch that I do not think the symptoms of depression in drug action always the result of previous over-stimulation. When a drug produces, in moderate doses, immediate depression, I cannot suppose any primary latent stage of stimulation from which results secondary exhaustion. To produce this, stimulation must be long continued. Depression is sometimes primarily present.

Dr. Dyce Brown, of London: I am glad that Dr. Drysdale believes in the opposite action of drugs in large and small doses.

If one action is developed by a small, and an opposite action by a large dose, there must be a point of connection between the two. The medium dose of Dr. Sharp may produce a stimulant or primary action, but being near the point of balance, may at once produce also the secondary or large dose action.

Dr. Sharp's statement that the medium dose may produce both actions is but a corollary from the fact that a drug produces two reverse actions, and that these result from small and large doses respectively. And as similar doses produce different effects on different organs of the body, the proper dose can only be approximated. Dr. Hughes says that the exhaustion following upon stimulation is due simply to a want of power of vital reaction. This may be, but the exhaustion is not a want of power to respond to all stimuli, but only to the stimulus that has produced the reactive exhaustion, and it is when we use *another* drug which has a similar action that the organism reacts, and is stimulated to health by a small dose.

Dr. Edward Blake (Reigate) : There is really no such thing as the action of drugs in the body, apart from chemical and mechanical processes. It is the body that acts on the drug, and Dr. Sharpe has presented this fact to us.

Did drugs act on tissues we might with a dose strong enough raise the dead. When a drug is put into the body the tissues act upon it.

I do not think drugs are primarily excitant.

Dr. Nankivell (Bournemouth) : Dr. Blake's antithesis is incorrect, for we must consider the action of the body under the influence of the drug.

It is difficult to conceive an opposite to certain symptoms, but there must be of course an opposite condition to that in which the nerve-substance is when pain is felt. The reaction in the system after large doses of a drug shows us the track of tissue along which the same drug in small doses will act in a health-giving manner.

THE TWO HOMŒOPATHIES. By Dr. Richard Hughes. (M. H. R., November, 1877.)—This paper, also read before the British Congress, is herewith presented by synopsis.

In 1790, Dr. Samuel Hahnemann became tired of the therapeutics of that time, and experimented with drugs on his own person. He after numerous and careful trials established the universality of his new law.

He found that to carry out his experiments he must have a fuller knowledge of pathogenetics than was then known, and he at once began provings on his own person and on his healthy friends.

In 1805, he published the result of these observations in a treatise called "*Fragmenta de viribus medicamentorum positivis*," which contains effects from twenty-seven drugs.

Hahnemann gave in prescribing according to his new method of *similia similibus curantur*, his medicines singly, but in the usual doses.

He got aggravations, which led him to reduce the dose by using a menstruum of water or alcohol.

He soon found that attenuation could be continued a long time without losing the remedial power of a drug.

He published his complete method in *Hufeland's Journal* for 1806, summarized as follows :

1. The apprehension of disease by its symptoms, by its clinical characters and history.
2. The ascertainment of the powers of drugs by experimentation on the healthy human body.
3. The application of drugs to disease by a principle which at least insured directness of aim.
4. The administration of remedies singly, instead of in complex mixture.

5. Their prescription in doses too small to aggravate existing troubles or cause extraneous ones.

Who can doubt the blessing of this new law? A great many homœopaths have adopted this as he himself conceived it, but they do not follow in the rejection of the pathology of their day, as he rejected that of his day.

They prefer to work the rule *similia similibus* with pathological similarities.

They do not mix medicines, but often alternate them, and they use adjuvants.

On the other hand, there are many whose views on homœopathy have been formed from the later teachings of the master, and some of them are more Hahnemannian than Hahnemann himself.

Hard words are used against the first class by the latter.

They who accept the earlier views of Hahnemann are called "monogrels" and bidden to profane the name of homœopathy no more.

Now if men have cast their lot with us, joined homœopathic societies, written in our journals, worked in our hospitals and dispensaries, and if they are willing to co-operate with their stricter colleagues in spite of what they must consider their extravagances, surely the latter may be content to operate with them.

Pathological similarity is better than none; it is better to alternate than to mix; auxiliaries may be useful. Our best hope of winning converts is to renounce such bigotry.

We advise the purists to try the capabilities of the mother tincture. The allopaths are beating us with our own weapons.

I have been vindicating the legitimacy of the homœopathy taught by Hahnemann up to 1806.

At this time he was but 52 years of age, and his later work must have been riper and more mature with his extended practice after that time, and the results are worthy our careful consideration.

There are four points of advice after this time.

1. Regarding the principle on which remedies should be selected by similarity.

Remedies should be examined qualitatively as well as quantitatively.

He decided that peculiar and useful features of drugs and diseases should count for more than common ones; that subjective should outweigh objective and physical symptoms. He was thus led to attach less importance than formerly to the disease, and to think more of the special sufferings of each patient. The result was the doctrine of individualization.

2. Up to 1806, Hahnemann had affirmed nothing about his minute doses than that they retained their efficacy but did not injure.

On continuing to attenuate he seemed to find a real power developed, increasing with the dilution.

3. He advised that all the effect of a drug must be obtained before repeating it.

4. He affirmed that if disease became chronic, it was because of some constitutional taint, and the condition must be reached by long-acting medicines or antipsorics, as Alumina, Ant. cr., Baryt. c., Calc., Graph., Kali c., Lycop, Natr. mur., Plat, Sepia, Silica, Zincum.

Dismissing the mere theories of Hahnemann, let us consider his practical rules. I feel that I am indebted to Dr. Carroll Dunham for the reasonableness of Hahnemann's fuller doctrine, as to Dr. Madden years ago respecting homœopathy generally.

All the symptoms in a case must refer to some pathological condition, and the closer we individualize these symptoms the better the result will be. Subjective and mental symptoms are of the utmost importance.

Evidences of the efficacy of doses from the 3d to the 30th are abundant, but consideration is due also to such men as Dunham, Hoppe, Von Grauvogl and Chargé, and to Tessier and Jousset, who prefer the infinitesimal to more substantial doses. There is a confidence in highly attenuated remedies which must be regarded.

The use of single doses must also be fairly considered, as also the doctrine of chronic diseases.

Hahnemann taught and practiced the second of the two homœopathies between 1806 and 1828.

That Hahnemann recommended, after he was 74 years old, that the 30th attenuation be taken as a standard for provings and doses does not inspire confidence in his other later teachings. His second homœopathy is the fruit of his ripest manhood, and should receive consideration; while it may not answer in every-day practice yet in chronic cases we shall win most success by means of this *higher homœopathy* of Hahnemann.

If we could merge into the great body of physicians without our method suffering in the amalgamation, I should be glad. Let the full homœopathy of Hahnemann be criticized and tested, but let it not perish.

HOMŒOPATHIC MEDICAL CIRCLE OF FLANDERS, SEANCE, July 26th, 1877 (*Rev. Hom. Belge*).—*Cure of a Vascular Tumor of the Gums*. Dr. Fauconnier. Vascular tumors of the gums present themselves at first in the shape of clean, red elevations, slightly projecting above the surface of the gums. They are oftener produced between the incisor teeth. The volume increases little by little, the incisor teeth are turned aside, and the growth extends in front and behind the dental arch. The excrescence bleeds at the slightest touch; it is soft and compressible, and one can, by firm and moderate pressure, restore it to the color and level of the gums.

The observation which I have the honor of submitting to you offers this point of interest, that the cure was brought about without recourse to the bistoury or to cauterization.

M. P., a woman, æt. thirty-two years, living at St. J. N., presented herself at the Hahnemann Dispensary, January 4th, for treatment.

The woman had, upon the gum of the upper jaw, before and behind the two central incisors, a vascular tumor the size of a hazel-nut; the upper lip was swollen and pushed out in front; I ascertained that the tumor was movable and the general condition of the patient good. The gums showed nothing abnormal; the salivation was so abundant that the patient was obliged to have constant recourse to her pocket handkerchief.

Eight months before, she had presented herself at the clinic of St. Jean Hospital, where they proceeded immediately to excise the tumor, in consequence of which a violent hæmorrhage occurred, which yielded only to the actual cautery. In spite of this operation the tumor some time afterwards recurred.

I prescribed *Staph.* 30th, 1 drop in 100 grammes of water, one tablespoonful to be taken morning and evening, and the same to be applied to the tumor locally.

18th. The tumor had diminished one-half. Continued *Staph.* 30th.

25th. Tumor was the size of a pea. The patient had pains in the limbs and complained of constipation and laborious digestion. Gave *Nux v.* 30th, ten globules morning and evening.

Feb. 1st. Improvement continues; the functions were re-established. I found the tumor to be the size of a millet-seed. *Staph.* 30th, morning and evening.

19th. Tumor remains at the same point. *Staph.* 200th. As the patient

has not presented herself again for advice, it is fair to believe that the cure is complete.

Dr. Schepens remarked that *Nux v.* did not hinder the curative action of the *Staph.*

Dr. Martiny recalled the utility of this last medicine for the cure of *navi vasculares*. The disappearance of a tumor under the influence of a homœopathic medicine is not a rare occurrence.

Dr. Mouremans boasted of having cured lupus by a simple internal treatment.

Dr. Bernard mentioned a case of cure of a cyst by *Calc. c.*

Dr. Loosveldt. Permit me to report to you an observation which seems to establish clearly the antispasmodic and anticonvulsive properties of *Pulsatilla* at the time of the menses. This observation appears to me more worthy of your attention, as *Pulsatilla*, according to its pathogenesis, seems to agree rather with a state of depression manifested by low spirits, melancholy, tears, by blood ptosis in consequence of a loss of vital properties in the veins, etc.

The 26th of last May, at 7 A.M., I was called to see a lady aged 43 years, subject from time to time to attacks of hysteria, proceeding from prolapse of the uterus, against which *Cocculus* and *Ignatia* had been of singular efficacy.

The patient, who was at the beginning of menstruation, had been for half an hour in extraordinary agitation. Her face was alternately pale and red, the eyes widely staring, swollen, injected, brilliant and sometimes bathed in tears; the features of the face were agitated by convulsive movements, and the mouth was distorted; the trunk and limbs were convulsed, sometimes clonic, sometimes tonic, and the limbs often strongly extended; the throat was constricted, the chest oppressed, respiration slow and spasmodic, and the patient in the greatest anxiety, crying that she should suffocate.

Cocculus, *Ignatia*, *Lach.* and *Bell.*, given in succession, did not arrest the progress and the gravity of the symptoms, which yielded occasionally for a few moments to relaxation of the muscles, depression, yawnings, somnolence and menaces of syncope. The patient complained of constrictive pains in the region of the right ovary.

At 8 20 o'clock, as she manifested a desire for a stool, an enema was given, but had no effect.

At 9 o'clock, the same state persisting, I gave *Pulsatilla 3d* in half a teaspoonful of water. Seven minutes after its administration some jactitation in the limbs and a little oppression manifested themselves, but gave place in a few moments to relief of all the symptoms until 2 P.M. At 10.30 A.M. she had a natural stool.

At 2 o'clock the convulsions and oppression returned, and I gave *Moschus 3* without effect. The patient complained of a sweetish taste in the mouth and throat. At 2.25 I gave *Pulsatilla 6* in three ounces of water, to take one teaspoonful every hour, and I applied warm cataplasms at the same time to the inside of the thighs. They were kept on one hour. The patient was comfortable during the afternoon and night.

In the next forenoon the friends, during my absence, tried to combat a new accession of symptoms by sinapisms to the thighs, which relieved the oppression, but induced such frightful nervous symptoms that they were obliged to remove them almost immediately. I gave *Puls. 6* in four ounces of water, one teaspoonful every two hours, and she became quiet as before.

In the forenoon next day the menses appeared, accompanied by severe pain in the loins, which ceased during the evening, and left the patient entirely restored.

Dr. Martiny remarked that in a similar case *Viburnum opulus* 3d, given before and during menstruation, had completely cured.

Dr. Dekeersmœcker mentioned the utility of *Cactus grand* as a foliower of *Aconite* in dysmenorrhœa with constriction of the throat and smothering.

Dr. Loosveldt said *Lilium tig.* also answered to these symptoms.—W.

THE Central Homœopathic Society of Germany held a large and enthusiastic meeting at Dessau in August.

CURE OF AN OBSTINATE NEUROSIS.—Dr. Rochert (Idem). Marie M., aged ten years, had a great fright, when four years old. She was crossing the Pont-Neuf, on one of the evil days when the Paris Commune were rioting, and noticed quite near her a man who had been shot through the head.

Since then she had suffered from hallucinations and loss of consciousness. Her delusions occurred only in the night, and the parents became aware of them first from the child's cries. She thought she saw a man constantly before her, but if she tried to describe him she would become confused, and could not. The apparition came regularly every night and remained fifteen to twenty minutes, and her general health had suffered. Her appetite was poor, occasionally excessive; she had headache, which was very violent, a pale face, and often incontinence of urine. All these had persisted in the unfortunate child since the rencontre.

The physicians who were consulted limited their treatment to the use of so-called tonics, Iron, Cinchona, wine, etc.

Dr. Rochert prescribed *Tarantula* in alternation with *Nux vom.* In eight or ten days the patient rested better at night; the medicines were continued fourteen days, and improvement advanced regularly, and the appetite increased. The *Nux* was discontinued, and *Bell.* substituted on account of its specific relation to the incontinence of urine. In six to eight weeks the child was completely cured and has so remained.—W.

ALLGEMEINE HOM. ZEITUNG, July, 1877.—Dr. A. R., at the end of an article upon homœopathy and allopathy in England, says: "Dr. Wyld has sent two explanations to the *London Times*, which the *Lancet* had refused to publish, in which he modifies and withdraws in part his earlier assertions. This man has, through the arbitrary course which he pursued without the knowledge or consent of his colleagues, fallen between two stools.

"If he had only had a little experience, he would have foreseen the result.

"American homœopaths have earlier had a similar experience.

"The gentlemen of orthodox medicine are the same everywhere—full of intolerance, full of the darkness of infallibility—and what concerns homœopathy more—of ridiculous ignorance."—W.

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RETINITIS PIGMENTOSA.

BY W. H. WINSLOW, M.D.

THIS is not a common affection, and therefore deserves careful investigation. In six thousand or more cases of eye disease which I have had an opportunity of studying at Will's Hospital, the Children's Hospital and elsewhere, I have seen but two cases; one congenital and far advanced in a young man of eighteen years, and the other in a woman of forty-five years, to whose history I shall soon refer.

The disease is sometimes congenital, often hereditary, and is seen occasionally in several members of the same family. Liebreich says it occurs often in children from consanguineous marriages, and accompanies deaf-mutism and deformities of the extremities. This peculiar malposition of pigment occurs as often, however, in persons of otherwise perfect development and physique in whom no trace of a constitutional cachexia can be detected. Nor is there any coexisting tendency to the formation of pigment in other localities, as in the skin and its hypertrophies, such as warts and moles.

The disease generally affects both eyes, though it has been confined to one, and is preceded by contraction of the arteries of the retina and the appearance of light dots and faint stripes in the choroid, which sometimes coalesce and form spots and patches. These begin soon to change from deposits of brown or black pigment, which commence at the periphery of the vitreous chamber and gradually extend towards the posterior pole of the eye. This deposit affects the structure of the retina and the choroid beneath, though the retina alone may be implicated; but they are so intimately associated that it

is difficult for one to be diseased without the other suffering. The deposit, being first at the periphery near the ora serrata of the retina, forms a sort of band of black lace around, which gradually becomes wider and extends posteriorly as the disease progresses. It is easily understood how the field of vision would diminish around its periphery, shrinking in a concentric manner, until finally the centre of the field would correspond with the region around the yellow spot, which is the last to yield to this insidious yet certain extinguisher of vision.

There is a more extensive and rapid deposit of pigment upon the nasal side of the optic disk than to the outside, which may be explained by the greater distribution of vessels in proportion to the area.

The pigment extends along the walls of the retinal vessels, constricts them and diminishes their carrying capacity; it sometimes covers them so as to hide portions of them from view, and where trunks divide it forms irregular patches with linear prolongations. Small granules of the melanæmic matter are also scattered around irregularly. When the disease has become extensive, the patches, connected by radiating processes, resemble the lacunæ and canaliculi of a section of bone. When the disease arises in and is mostly confined to the choroid, the pigment has not such a ragged appearance, but is in round and oval patches. Then the epithelium of the choroid may undergo atrophy, and the choroidal vessels appear running over light patches bordered by black pigment. The stroma of the choroid sometimes atrophies, the white sclerotic shines through the thinned places, and the red vessels, dark pigment and white patches give the fundus of the eye a peculiar marbled patchwork appearance. The disease has then passed beyond retinitis into choroiditis. Posterior polar cataract and opacities in the vitreous humor are occasionally seen to coexist with the disease under consideration.

In retinitis pigmentosa there has been found atrophy of the nervous elements of the retina, more entire in the bacillary layer than in the fibrous; hyperplasia of the connective tissue fibres; thickening and sclerosis of the coats of the blood-vessels; pigment in all the layers, especially along the blood-vessels; altered choroidal epithelium, and excrescences upon the elastic lamina in a condition of fatty degeneration. It is probable that these last destroy the layer of rods and cones, cause proliferation of the choroidal epithelium, and thus in-

augurate the disease. These excrescences are undoubtedly the light dots seen in the early stage of the malady.

Some of the pigment in the retina is derived from infiltration. Many of the retinal vessels become much attenuated and finally obliterated by increasing deposits; the retina becomes changed and torpid from malnutrition, and finally loses its functional activity. There is a progressive loss of vision and an increasing necessity for more illumination in order to see objects.

In the night those subject to this disease can see very little, or not at all, a condition which has been denominated *hemeralopia*, and which means day-seeing, and has its opposite in *nyctalopia*. A hemeralope, however, has vision much improved by artificial light.

Another symptom is a restless movement of the eyes. This is on account of the contracted field of vision, whereby it becomes necessary to bring the central portion of the retina to bear upon or to wander over an object in order to take in outlines and rays which a normal eye or one with healthy lateral portions of the retina would embrace at once. The region of the yellow spot often retains acute vision until all around is shrouded in darkness, but the optic nerve and this portion finally undergo atrophy, and total blindness ensues.

When central vision is impaired early there is likely to be color-blindness, but otherwise not. The pupil is said by Mooren, who has seen many cases, to be contracted. In one of my cases the pupil was dilated, and this is the state one would expect to find after a consideration of the torpid retina and the action of light in regulating the movements and lumen of the iris.

The failing vision, imperfect field, restless ocular movements, hemeralopia, and the presence of light spots and streaks, or later the pigment masses, recognized only by careful ophthalmoscopic examination, render diagnosis easy. By history and symptoms it must be differentiated from simple choroiditis, disseminated syphilitic choroiditis and apoplexia of the retina, which in appearance somewhat resemble it.

The prognosis is that of total blindness, which sooner or later supervenes, though generally between the ages of forty and fifty years.

Treatment by the old school is hygienic.

Over use of the eyes and bright lights are to be avoided. Blue glasses are recommended in sunlight, sand and snow-

glare. Leeches, iodide of potassium and corrosive chloride of mercury improved and then injured some cases.

From notes taken at Will's Hospital I present the following case:

Mrs. H., æt. forty-five years, of nervous temperament, dark complexion and solid build, presented herself at the clinic, January, 1873, and complained of defective vision. No heredity could be traced. Her father and mother had died at advanced ages, preserving fair vision to the last. No consanguinity existed between them as far as known. None of the patient's brothers or sisters had had any trouble with their eyes. The patient had no deformities, and seemed healthy and well developed. Had been married and had one child, a young lady of sixteen years, who was well developed and enjoyed excellent health.

When Mrs. H. was thirty-five years old she noticed a narrowing of her visual field; could not see things unless they were almost directly in front of her, and found it difficult to see objects after sunset, even by bright moonlight. The trouble had gone on increasing with the passage of years, but in a very gradual manner. She stated that she could not see a thing after sunset now, and ordinary illumination of a room improved vision but very little; yet by daylight she could see to thread a needle.

There was fair central vision, but contrary to rule her chromopsies were frequent and remarkable; she had distinct subjective perceptions of green, purple and red, but no color-blindness. She recognized all colors of the prism readily.

The vision, when tested, was found to be $\frac{20}{XL}$ for each eye, and the fields for each were nearly alike in outline, and had at one foot distance seven inches vertical and six inches horizontal diameters. The correspondence in the limits of the disease struck me as a wonderful illustration of the symmetry of morbid action; more remarkable even than the lion's pelvis figured by Paget.

Ophthalmoscopic examination revealed clear and healthy lenses and humors; the optic disks had clean sharp outlines, though slightly atrophied, and the retinal arteries were diminished in calibre, while the veins were full and tortuous. All over the retina of each eye, except in the region of the yellow spot, there were brown and black granular, spider-shaped and striated masses of pigment, increasing towards the periphery, and thicker to the nasal side of the disk. The larger masses were not unlike the multipolar nerve-cells, and

the arms which united them like their nerve-fibres; their outlines were, however, more irregular and feathery. Many of the arteries had deposits along their course, which often overlapped and hid them from view, and in a few places converted them into black lines. It was found that the patient had a hypermetropia of $\frac{1}{2}$, for which glasses were ordered, which enabled her to sew and read comfortably by daylight.

I have had the pleasure of examining this patient within a week. Her vision has failed very much during the five years almost passed since last examined. She now finds it difficult to see in a brightly lighted room, and in daylight runs against people and falls over curbstones when she goes out to walk. She can no longer thread a needle in daylight, and gropes about like one playing blind-man's buff. Her health is excellent, and she promises to live to old age. She still has chromopsies, but no color-blindness. Slate color, however, looks white, probably from her interpretation, as everything appears smoky. With her $+\frac{1}{2}$ glasses she reads well with the right eye, and poorly with the left; the letters are not clear with either.

Vision in the R. E. by types now is $\frac{20}{100}$, and in the L. E. $\frac{5}{100}$. The R. E. in 1873 gave $\frac{20}{40}$. She has, therefore, lost in this eye vision equal to $\frac{6}{20}$. In the left, which was $\frac{20}{40}$, she has lost $\frac{9}{20}$. The fields of vision are also much lessened.

In the R. E. the field has a vertical diameter of 2'', and a horizontal of $1\frac{1}{2}$ ''; a loss of 5'' in the vertical and $4\frac{1}{2}$ '' in the horizontal. In the L. E. the field has a vertical diameter of $1\frac{1}{4}$ '' and a horizontal of about 1''; a loss of $5\frac{3}{4}$ '' in the vertical and 5'' in the horizontal. To render this decrease more striking, I present the fields taken at 1' distance. It must be considered that a normal field has diameters of about eight feet in all directions.

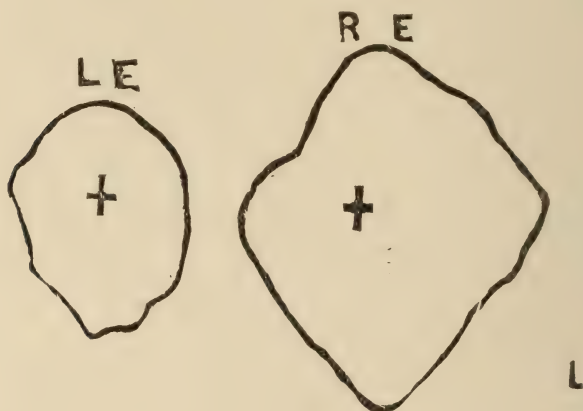
Ophthalmoscopic examination reveals an encroachment of the pigment upon the macula lutea. This central spot in each eye is hemmed in upon every side by the pigment-masses; the retinal arteries are much contracted, and the disks are white and anæmic. Thus the end of vision is approaching. The woman is now fifty years old, and has, therefore, passed the period at which blindness is said to supervene.

I have her now in charge, and am giving her *Thuja*, which from its action upon pigmental dermoid structures seems indicated, as the eye is partly formed from an inversion of the external lamina. This disease is an *opprobrium medicorum*

of the old school, but the new may yet conquer it by following the beautiful law of similars.

I append the fields of vision of the exact size, taken as usual at one foot distance from the eyes.

The diagrams illustrate the case in a clear and striking manner. The cross is the visual axis; L. E. left, and R. E. right eye.



ANGINA PECTORIS.

BY J. C. GUERNSEY, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE term "angina" is by no means confined to an affection of the chest, *pectoris*, but it has a wide range of application. We will first ascertain the meaning of "angina," so that we shall understand its relation in whatever compound it occurs. Angina is from the Latin verb *ango*, signifying to choke, strangle or make narrow, hence we may always recognize anginal affections as being of a choking, strangling or narrowing character. This latter condition is usually resultant from inflammation of the affected part or parts. The Latin term *angina* and the Greek term *Συναγχή* or *Κυναγχή* (*Sunagke* or *Kunagke*) are synonymous; from the latter word, and still synonymous, we have *cynanche*. Angina was recognized by the Latin writers, and the term was applied by them to every disease in which deglutition or respiration, separately or united, was affected, if the affection was

above the stomach and lungs. "Genus morbi acutissimi, quo fauces anguntur ac strangulantur, et subus maxime, et canibus infestus."* "This affection, angina faucium, we understand to be an inflammatory condition of the various parts comprising the palate and fauces, velum pendulum palati, soft palate, tonsils, uvula, mucous membrane and muscles of the posterior wall of the fauces. These parts may be affected singly or all at once."† As before stated, the range of angular affections is very extended, such as angina membranacea, or cynanche exsudatoria or trachealis, or croup; angina cum tumore, or cynanche tonsillaris or quinsy; angina maligna, or cynanche maligna or ulcerous sore throat, as in diphtheria or scarlet fever; angina externa, or cynanche parotidea or mumps. And so a long list might be given, including aphthæ or thrush, bronchitis, laryngitis, glossitis, pharyngitis and œsophagitis, but enough has probably been said to establish the relation between angina and cynanche, and to show the extensive scope of their or its affections.

The angina which we have under consideration at present is angina pectoris. And here there are two kinds. A common form may be found in laryngitis, tracheitis and bronchitis. This form of angina pectoris attacks both sexes and all ages. It is usually resultant from a cold. Laryngitis is frequently caused in lecturers, singers, actors, etc., by overtaxing the larynx.

Angina pectoris proper, however, or *angina cordis*, the affection generally meant by this term, is a peculiar neuralgia of the heart, probably of the cardiac plexus. It is a purely dynamic disease.

Symptoms.—As no two cases are exactly alike, it would not be possible for any one to enumerate all the symptoms that may appear in this frightful disorder. We will therefore content ourselves with surveying the most essential points, those which seem to especially characterize this form of disease pathologically. An excessively agonizing and intensely severe pain in the præcordial region, under the sternum, seizes the patient very suddenly, and usually without previous warning, coming on while in motion, during rest, or awakening him from a sound sleep. This pain is paroxysmal, cutting, pressing, constrictive or distensive in its character, as if the heart were tightly clasped by an iron band, or as if the heart would burst or were being torn into pieces. It extends over the

* Probably Celsus.

† Hartmann.

chest, neck, arms, back and diaphragm; frequently it runs into the left shoulder and down the arm even to the finger tips, and may include the lower extremities. In rare cases the testicles become involved. This state of things is attended with indescribable mental anguish, a sense of choking or suffocation and a feeling of impending death. The pain may in some cases be relieved by pressing against something hard, or by remaining perfectly quiet. Regular respiration is not interrupted except through the patient's fear; he imagines he cannot breathe, and is deterred from doing so by fear of death. The heart-beats may be irregular, slow or interrupted, or there may be palpitation. The pulse seldom undergoes any change, or, as is frequent, remains normal. If the patient be walking at time of seizure, he comes to an instant halt. Further motion seems impossible. He grasps the nearest support, and fixes himself in an immovable position until the attack has passed away. During the paroxysm the face and extremities are cold, the features become distorted and wear a look of terrified fear, with a deathlike complexion. Patients seldom, if ever, become unconscious. Low-spiritedness, a dissatisfied and uneasy restlessness, dimness of vision and stretching of the arms or legs are sometimes precursory to the attack.

Diagnosis.—Nervous palpitation of the heart, cardiac asthma, a *pseudo* angina occurring in anæmic, hysterical or dyspeptic persons, cardialgia, intercostal neuralgia and myalgia may have many symptoms in common with angina pectoris, but need never be mistaken for the real disease. In a very few words, angina pectoris is characterized by a sudden and acute excruciating pain in the region of the heart, which pain may radiate to the arm or through the chest, a sense of impending death, great anxiety of countenance, fear of the least movement. The attacks are *paroxysmal*.

Course.—Sufferers from this disease are rarely under forty years of age, and are almost always of the masculine gender. In the milder and earlier attacks the paroxysms terminate in from a very few minutes to half an hour; in more chronic cases the agony may continue more or less severely for hours. The seizures are always paroxysmal; at first the patient has intervals between them of longer or shorter duration, which may be weeks or years of perfect immunity. Later, when the dynamic force of the disease is more intensified, he has periods of entire or comparative ease between the returns, which, at this stage, may recur from every few days to every few hours. The attacks pass off in various ways; sometimes

by gradual disappearance of the suffering, sometimes by belching up large quantities of imprisoned gas, flatus, sometimes by as sudden a disappearance as was the appearance, sometimes with eructations and perspiration, with vomiting, with cough and expectoration. There is generally left much soreness of the parts affected and great prostration. Always remember that sudden death is liable to occur at any moment of a severe paroxysm.

Causes.—These are purely dynamic, and arise from a disorder in the vital forces from mental, moral, miasmatic or physical derangements. Owing to influences of this sort, the peculiar heart trouble has been engendered, and according to force of circumstances the dynamism goes on from bad to worse, strengthening and developing itself, till finally an attack or paroxysm occurs. Attacks frequently occur where there is no assignable cause. They may be induced by ascending eminences, walking against the wind, by any exertion, physical or mental, and especially by mental emotion. The celebrated Dr. John Hunter lost his life by angina pectoris, after enduring many attacks. He would frequently say, "My life is in the hand of any rascal who chooses to annoy and tease me." The attack which terminated his life was brought on by a fit of anger. Persons especially prone to this disorder are those suffering from organic disease of the heart or aorta, valvular lesions, calcification of the coronary arteries or aorta, fatty degeneration of the heart, adhesion of the heart and pericardium. "The list of disorders of the heart and arteries which angina pectoris may accompany is indeed very long. There is hardly an affection of the walls or cavities of the heart, scarcely a morbid condition of the arteries that nourish it or spring from it, with which this distressing malady has not been observed to have been associated."* And here let us remark, *en passant*, that pain is not always found in a diseased heart. "Indeed, many a case of enormous enlargement of the heart, or of profound textural alteration of its walls or valvular apparatus, is unaccompanied by pain."† Cases of angina pectoris occur where post-mortem examinations have revealed no heart disease or lesion whatever. One of the chief causes is excessive use of tobacco. It was probably owing to this cause that Hahnemann himself suffered from this very disease. Persons of corpulent make, addicted to drunkenness, of gouty or rheumatic diathesis, are its subjects. When the

* Hale's Diseases of the Heart.

† Da Costa.

disease has reached an advanced stage, the slightest cause suffices to bring on an attack, even coughing, sneezing, or straining at stool.

Prognosis.—The universal verdict of allopathic practitioners is most discouraging. It is, they say, surely fatal, and is merely a question of time. We of the homœopathic school can make a better report. The prognosis will of course greatly depend upon the state of the heart when we are first consulted. "If the disease has made such progress as to produce a state of structural derangement in the heart or the aorta, the prognosis is far more unfavorable than if the disorder is purely functional in character. If organic disease is present, you cannot assure the patient of exemption from their recurrence, while, if not connected with lesions, years may elapse before another paroxysm occurs."* By pure homœopathic treatment, administered in strict accordance with the precepts of the *Organon*, and by a close observance of proper hygienic care and prevention, we may feel assured of curing many cases in spite of an organic disease, and can almost always cure the purely neuralgic. Sudden death is always expected by the patient, and too often it occurs. If the physician observe closely the heart's action during an attack, he can obtain much valuable information as to the amount of immediate danger, and can impart confidence or warning to the patient or his friends. Sudden death occurs oftener when organic disease is present. If during an attack the action of the heart becomes *feeble*, *irregular* or *retarded*, we may apprehend a fatal result. If, however, there be very slight or no disturbance, there is little cause for immediate fear. The prognosis is especially unfavorable in old chronic cases, where the attacks are exceedingly violent, following each other closely, are easily induced, and when the intermissions are not entirely free from pain. In proportion as the patient is younger in years, and is free from any traces of structural derangement of the heart and aorta, the paroxysms less frequent and severe, etc., the chances are more favorable for recovery.

Treatment.—Always, during an attack, exhort the patient to keep up his courage; assure him of speedy relief. Some authorities advise stimulants during a very severe paroxysm, where the heart's action is weakened or intermits, and where there is fainting. It is unsafe for the patient to inhale chloroform or ether (ether is always unsafe in disease of the heart),

* Hale's Diseases of the Heart.

to take chloral, opium or laudanum, or to inject morphine; and more, such wretched palliative treatment will ruin all prospects of a cure. Swallowing pieces of ice during an attack have seemed to afford relief; and sometimes, also, application of heat or cold over the affected parts or to the extremities—each of which, of course, has its symptomatic value in the curative sphere. Paroxysms coming on at night, during sleep, are often alleviated by the patient getting out of bed and standing erect, which procedure removes the pressure of the abdominal viscera from the diaphragm—sometimes a cause. Caution the patient against mental emotion or excitement, too much muscular exercise, excesses in diet, walking against the wind, climbing heights, or whatever else seems, in a given case, to produce an attack. During the paroxysm it is well to relieve the sufferer from all pressure of his clothes, to keep him quiet, and in an erect position. Sometimes relief is obtained by rubbing the skin with woollen cloths. Care should be taken to obtain and preserve a healthy state of the digestive organs, and a patient should not walk soon after a meal.

Therapeutics.—Of course, in this disease, as in all other departures from the normal standard of health, the whole *Materia Medica* is required to cover entirely the therapeutic ground. I shall here mention only those remedies which are generally indicated. I have obtained much from the pamphlet, *A Part of the Analytical Therapeutics*, by Dr. C. Hering. My other chief authorities are Hartmann and H. N. Guernsey.

Aconitum.—Intense anxiety, with fear of death. Coldness, cold sweat. Pulse small, feeble, full, strong, throbbing. Intense pain in all directions. Frequent change of position without relief—but no exhaustion, as in *Arsen.* Suffocative constriction of the chest, so distressing that he sweats from agony. Flushed face; pain in region of heart, going down left arm. General or local numbness or tingling, particularly in recent cases, occurring in strong plethoric subjects.

Actæa rac. or *Cimicif. rac.*—Unconsciousness; dyspnœa; pain sharp and lancinating, extending all over the left chest, down left arm and into the back.

Angustura.—In the lighter cases; chest is in constant motion, which is aggravated by least exercise. Anxiety and palpitation of heart; cutting shocks in sternum and back; painful shocks in region of heart.

Arsenicum.—One of the very first remedies to be thought of in all cases, and the remedy that cured completely Dr.

Samuel Hahnemann. Mental anxiety; pain extends to occiput; frequent thirst for small quantities of cold water; indescribable agonizing pain in the præcordial region, extending up to the neck and occiput; oppression and stitches in præcordial region, with fainting and anguish; oppression of breathing, anxiety, and a fainting sort of weakness; suffocative constriction of chest, so distressing that he sweats from agony; sudden tightness above the heart; breath gives out even when the patient is getting out of bed; it takes him a long time to recover his breath; must have his chest bent forward, and even then can only breathe very gently; least motion causes complete loss of breath; very restless, and great exhaustion from every movement; can't bear cold air; wishes to be covered. During the severe pains has to bend forward, head to knees; no ease except while sitting with the head thrown back; face pale and haggard, features contracted; pulse feeble, irregular, intermittent; worse after midnight; attacked when walking; paroxysm excited by a simple change of position in bed; least motion causes extreme agony; on getting into bed; paroxysms recurring regularly, as sometimes occurs in malarious districts.

Ars. jod.—Great pain in cardiac region, going through to back, in hypertrophy of left ventricle. (Neidhard.)

Bryonia.—Mental excitement or fright brought on the attack. Sense of great oppression; it seems as if something should expand but will not. Cutting in right chest above sixth rib, inside nipple line; also cutting pain extending down left arm. Constant dull pain in left arm. Cutting from heart down the arm. Slightest motion brings on attacks. Greatly aggravated by the slightest motion.

Digitalis.—Mental anguish; vertigo and fainting. Pulse feeble, irregular, spasmodic, slow, intermitting. Pain extending to the head or left arm; pains and anguish under the sternum and below the ribs, right side. Deathlike feeling in pit of stomach. Oppression of the chest. Abnormal action of the heart; sensation of oppression, with tendency to syncope. Heart's action more vigorous than the pulse. In advanced cases, when the disease sets in suddenly without any assignable reason; drawing, tensive, spasmodic pains in the left chest and sternum, towards nape of neck and upper arm. Indescribable deathly anguish, when paroxysms keep coming closer together as the disease progresses.

Dioscor. vill.—Neuralgic pains in stomach. Cannot speak; laborious breathing. Suddenly severe pain in middle of

sternum ; pains extending from chest to both arms and hands. Cannot move ; cold clammy sweat all over. Action of heart very feeble. Pulseless ; pulse intermitting every eight or ten beats, after the attack, for two weeks.

Hepar s. c.—Important remedy in cases showing sequelæ. Dyspnœa after the attack. Dry, nervous cough, commencing towards evening and lasting all night after the attack ; pain in neck after the attack ; faintness and inability to recline after an attack.

Lachesis.—One of the first remedies to think of in all cases. Anxious pain, with beating of the heart. Inability to speak. Choking, constriction, or “rising” in the throat, with organic disease of heart ; inability to lie down. Awakening with increased suffering after a short sleep.

Lactuca v.—Crampy stitching in left chest, extending to left scapula, and an indescribable tightness of the whole chest. Great oppression of the chest at night, waking him from sleep, and obliging him to sit up with anxious suddenness ; feels as if he would suffocate, and suddenly finds himself on his feet in the room.

Laurocerasus.—Attacks of suffocation with gasping for breath ; feeling as if he were not going to breathe again. Stitches in præcordial region. Violent pain in stomach, with loss of speech ; eructations tasting of bitter almonds or prussic acid. Coldness ; cold, moist skin. Convulsions of the muscles of face.

Naja tr.—This remedy seems to have symptoms as given above under *Lachesis*.

Oxalic ac.—Violent irritation of the alimentary canal ; costiveness. Difficulty of breathing ; jerking inspiration and sudden and forced expiration, as though the patient made a sudden effort to relieve himself of intense pain by expelling the air from the lungs. Oppression of the chest, especially towards the right side. Pain on expiration ; sharp darting or lancinating pains in heart and left lung, also in the arms ; jerking pains like short stitches, confined to a small space, lasting for a few seconds. Numbness and weakness in back and limbs ; peculiar numbness of whole body, approaching to palsy ; coldness and complete loss of power of motion in the limbs. Movement excites and aggravates pain. Periodical remission for some hours or days.

Phytolacca.—Pain extends to the right arm or right side.

Rhus tox.—Stitches in heart, with painful lameness and

stiffness of whole body and limbs, and pains extending down or to left arm. In patients of rheumatic diathesis.

Spigelia.—One of the most important remedies. Spasmodic pain (stomach) induces vomiting of contents of stomach and mucus, no bile being vomited; severe pain in epigastrium. Severe stabbing stitches in the heart at every beat; pain rapidly passing around the body from left to right, inside, to the scrobiculus cordis, remaining there twelve hours; pain in heart and palpitation; suddenly seized with severe pain in left side of chest, region of heart; pain in chest from left to right; pain so violent that it “knocks her down;” rapidly passing pain. Worse in stooping, bending forward, touching the stomach externally, lifting the arms or any other motion. Better when stretching himself out. Every few weeks an attack.

Spongia.—Important. Contracting pain in heart. In the night suffocating; worse with the head lying low; has to sit up; inability to lie down at all.

Tobacco.—Lividity of integuments of the skin; features are drawn. Cannot speak; cannot walk; hands cold; coldness. Sudden præcordial anxiety. Violent constriction in throat; tightness across upper part of the chest; nocturnal attacks of tightness in chest, with palpitation, with oppression in paroxysms; præcordial oppression. Neuralgia up into neck; pain between shoulders. Pulse small, irregular, imperceptible.

Verat. a.—Difficulty of breathing; suffocative constriction of chest so distressing that he sweats from agony. Pressure on the chest; sudden tightness above heart. Cramps. General prostration, skin suddenly cold, clammy. Weak, faint, almost to syncope. Periodical attacks of contractive crampy pain in left chest, or cutting pain with excessive agony, arresting the breathing and extending even to the shoulder.

In addition to those mentioned, the following remedies deserve consideration, as their pathological provings yield many symptoms peculiar to angina pectoris.

Arnica.—Head hot, body cool.

Aurum.—With suicidal tendency to dash brains out; wishes to dash and thrash himself about violently.

Cactus g.—Sensation of hard iron band or firm unyielding grasp about the heart or in the chest.

Cuprum ac.—Attacks when excited or during exertion.

Lycopodium.—Cannot bear being covered.

Sulphur.—Flushes of heat in the face; light-colored stools; can't bear the heat.

Nux v., Carb. v., Sulph.—When the digestive functions are in a deranged state and the attacks are attended or succeeded by excessive flatulence.

Arg. nit.—Belching of wind affords *much relief.*

Hydroc. ac. may sometimes prove beneficial where *Arsen.* has failed; *Ipec.* where both fail.

Study also: *Asafet., Bell., Cann., Caust., Crotalus, Crot. tig., Gelsem., Ignat., Kali c., Mosch., Natr. m., Samb., Sepia, Stram.*

PEMPHIGUS NEONATORUM.

TRANSLATED BY A. M'NEIL, M.D., NEW ALBANY, IND.

I WAS called on the 24th of July to visit a baby ten days old. He had had a vesicular eruption break out on him when seven days old. Before I had come a military surgeon who was passing by was called in the emergency. He inquired very particularly of the child's father about syphilis, and although he denied all possibility of a syphilitic origin, yet the surgeon ordered unguentum hydrargyri cinerus to be administered by inunction. This was too much for the parents, who were good homœopaths, and they therefore endeavored to do the best they could with homœopathic remedies.

When I saw the child the third day after the eruption appeared he was in a violent fever, and drank eagerly a teaspoonful of water at a time, on account of the great heat in his mouth, the mucous membrane of which was dark red; he also took the breast occasionally. The greater part of him, even to the head and face, was covered with blisters the size of a quarter dollar. They were partly filled with transparent and partly with cloudy liquid. Scarcely a spot could be found on him that was not covered in this way. A great many of these blisters had already burst, and had formed flat excoriations, which looked as if the skin had been removed. The child was very restless, and whined constantly, with a weak voice, so that he scarcely slept. The eyes were very much affected, the conjunctiva reddened and the lids swollen. Their condition would have been worse, but that the midwife had applied ice bandages, which had been bene-

ficial. The stools were frequent, thin and greenish. He had received Acon., Apis and Sulph., and had been bathed daily with warm water, to which some bran and green soap had been added, and after the bath he had been powdered with starch; notwithstanding, the exhalations close to the bed were very offensive, smelling as ulcerated surfaces generally do.

There was no doubt that we had a case of pemphigus neonatorum. I had known the father for several years and could exclude the syphilitic nature of the exanthem, and this was confirmed by the occurrence at the same time of the same eruption in other children, part of whom had been delivered by the same midwife, and others had not, showing an endemic influence. We have known of the occurrence of epidemics of Pemphigus febrilis acutus, from which even the variety bulbosa had been established.

As to the treatment, I gave, guided by the law of the similars and the clinical experience of one of our most distinguished observers, Dr. Rummel, *Ranunculus bulbosus*, 1st, which was potentized by one thousand shakes, five drops in a glass of water, a teaspoonful of this solution to be administered every two hours; the bathing to be continued. The result was decidedly favorable. The fever abated at once; the child was quieter at times, slept for hours at a time, no longer whined so pitifully, and took the breast eagerly. The swelling of the lids, the injection of the conjunctiva and the profuse secretion from the eyes ceased at the end of twenty-four hours. The excoriations on the skin dried up and became covered with flat shieldlike crusts, which, when they dropped off, left the skin red but otherwise sound, which caused a joy visible on the faces of the relations. There only remained some scattered red points, which soon disappeared also. The offensive smell was gone in two days; in short, within four days after the use of the medicine and eight after the breaking out of the eruption it had reached its termination; the alternately green and yellow stools continued a little longer, which required some doses of *Mercurius sol.*, 3d.

To him who wants to doubt whether this case was cured by art or nature there is ample room for uncertainty. The schools have divided the pemphigus vulgaris, the non-syphilitic, into two classes, the benign and malignant, the difference between which lies herein, that in the former only isolated vesicles occur, which either burst or dry up, but in either event end with the formation of new skin after a course of from eight to fourteen days, or relapse at longer intervals;

the latter is characterized by numerous often confluent vesicles, which secrete profusely after bursting, and leave painful excoriated surfaces, which sometimes become covered with a croupous exudation. As regards the results of the benign variety, it ends, according to Hebra, if the vesicles are not too numerous, is not accompanied by fever, if the patient is not too old (but how if too young, very young, like the newborn? Mossa), and if the constitution and nutrition are good, usually in recovery.

I acknowledge that the line between the benign and malignant is a little obscure. Finally there are those who say, if it has a favorable end it is benign, otherwise it is malignant. I think such classification is worth but little. At the best it serves to make us cautious in our prognosis.

That *Ranunculus bulb.* is useful in the malignant variety (this also had its malignant features) is proven by Dr. Rummel's observations. He expresses himself in the following words (*Allg. Hom. Zeitung*, band, 28, p. 265): "I have several times observed pemphigus neonatorum become epidemic. At one time it was so widespread that in my visits I saw the disease extremely frequently. It was at that time so mild that the parents did not seek assistance from me. The vesicles were not above the size of a dime, and often much smaller, and dried up very quickly after bursting and exuding the yellow fluid they contained. In later years I have seen several times far more dangerous epidemic forms of the disease. The vesicles reached a diameter of two, three and even four inches, and the child looked, after they had dried up, as if excoriated. The midwife told me that several such cases succumbed. Under my treatment none died, yet owing to the loss of the animal fluids and of rest they were very much reduced. Rhus helped me sometimes, yet in very well-marked cases it failed, and nothing but *Ranunculus bulb.*, once or twice a day, rescued the children. Afterwards I found the 30th potency more suitable, and it even proved efficacious when the lower had failed, and in from eight to fourteen days the formation of vesicles ceased." He also adds, "In the pustular form of itch, *Ranun. bulb.* as well as *Mercur* deserves our consideration."

That the military surgeon considered the case to be syphilitic, should not be mentioned to his discredit. The controversy over this exanthem is active and long-continued, and the majority suspect every such eruption to be due to hereditary syphilis. We find in Kafka's *Homœopathische Therapie*,

pemphigus neonatorum spoken of along with hereditary syphilis, and in the chapter on pemphigus vulgaris it is only hinted at. He says, band ii, p. 645: "The syphilitic variety usually begins on the palms of the hands and soles of the feet in the form of round spots, from the size of a pea to that of a bean, and of a dark-red color." The formation of the vesicles and their bursting, and the excoriations of the skin, are scarcely different from that of pemphigus vulgaris malignus. The prognosis in pemphigus syphiliticus is certainly worse than that of the vulgaris, if it is not, as many think, absolutely fatal. I have had only one such case to treat, but in defiance of Mercurius sol. and good care of the skin it ended with death; however, the coryza and laryngitis which were present at the same time at least contributed to produce the result. The waste of strength arises from the enormous secretions from the excoriated surfaces, and is very great and cannot be retrieved by the nourishment of the child.

Whoever is acquainted with the homœopathic literature of the past and present must acknowledge that the family of the Ranunculi, those indigenous powerful plants, have been too much neglected. And yet Paracelsus appeals to us not to overlook that which is at our feet, the nearest, and, therefore, the indigenous remedies. Hahnemann and his first pupils have given us an excellent example, in that they have enriched our *Materia Medica* with provings of many indigenous remedies. When our diligent colleagues in America prove the plants of their country, they are doing a praiseworthy work. They have collected much valuable material that only requires to be sifted, purified and proven clinically. However, if we appropriate all that is at hand we certainly have a gigantic task; and how a novice can walk in the rich garden of the old and the vast prairies of the new *Materia Medica* without a guide and not be lost is scarcely intelligible. One easily falls into the condition of him who could not see the forest for the trees.

The *Ranunculus bulbosa* is a plant that grows all over Europe and North America, in meadows, pastures and in the edges of fields. It was first thoroughly proved by Dr. Franz, and the proving is characterized by the data added by him. As with other acrid drugs applied externally, which produce such well-marked effects, we find by *Ranunculus*, when applied internally, the symptoms of the skin and mucous membranes more hinted at than expressed. For instance, we find "violent itching of the palms of the hands; stinging itching

on the palm of right hand, in the evening; frequent formation on single spots of the fingers; itching in the left palm in the evening, soon passing away; frequent slight transitory itching, with redness in single spots of the hands; formication in the skin of the fingers." How much richer and better marked are the symptoms of the skin when the drug touches it directly.

A piece of the root laid between the fingers caused after two minutes a burning, which soon ceased on removing the root, but after two hours the spot was red, and after ten hours a blister formed, which on being opened gave a great quantity of yellow, burning liquid. Dr. Franz himself saw arise, from the touch of the juice in pressing the root, blisters on the fingers of the right hand like those from a burn or from a vesicatory, the size of a hazelnut, and even larger, which, after being pricked with a needle, so that the raised cuticle was intact, secreted for eight days a yellow lymph, with burning pains; the lower clear red layer of the cuticle showed visibly through the raised scarfskin. But this did not end it; for after the blisters were healed fourteen days, and the new skin was rubbed with a gentle pressure, although perfectly sound, there arose small, transparent, dark-blue, slightly elevated vesicles, which penetrated deep, and were the size of a pin-head (as if the pores of the skin had turned into small, transparent, blue blisters), close together, forming oval clusters, and accompanied by intolerable burning itching (like nettle-stings both in appearance and sensation), which, when scratched or pricked, secreted a dark-yellow lymph, and afterwards became covered with hard crusts like tetter, which also itched intolerably, and secreted a clear liquid, whether scratched or not. How profoundly the active principle of *Ranunc.* penetrates the blood-mass is seen from the fact (reported by Dr. Franz) that these dark-blue blisters returned periodically for months, and even for half a year after they had first healed. Moreover, after scratching off the hard scabs which first formed on these dark-blue blisters, or if they fell off themselves in eight to sixteen days, there arose new blue blisters, with intolerable itching, and because of the frequent scratching the fingers inflamed to a brilliant red soft swelling (like sheep-skin), and the intolerable burning stinging-itching continued. After rubbing with deer tallow to ameliorate the itching the swollen finger no longer became covered with crusts, but there arose spots as large as a dime in dense groups of holes the size of pin-heads, which poured out clear lymph, which stood on

the skin like sweat, which proved small, flat, corroding ulcers, difficult to heal, with borders which appeared as if eaten out, and in which there was such an intolerable burning stinging-itching that the prover was robbed of sleep day and night for weeks.

The latter affection of the fingers the prover observed arose fourteen days after the blisters had healed, which had appeared on the pressing out of the juice on the point touched by it, the right index and middle fingers, and spread to other places not touched by it, or at least had not been covered with blisters, and then from one finger to the other, and from one hand to the other.

We have taken these passages verbatim from Dr. Franz's proving, which are communicated to show, that although from an external application of the drug, yet it certainly finally developed a deeper and more persistent effect than that on the skin alone. Although by the external application of the acrid juice to the skin symptoms of other organs are wanting, yet they appear clearly by administering the drug by the usual mucous membranes. By smelling the juice while preparing the drug Dr. Franz observed a class of symptoms of the eyes, brain, nose, mouth and throat. With good reason Dr. Franz rejects the view which considers these as purely local symptoms, for he says they all arise as well from the internal use (particularly the symptoms of the brain and eyes) of the juice or essence, which is diluted with so much water that it cannot be perceived by taste, smell or acrid feeling. Perhaps Dr. Franz thinks the vesicatorial and rubefacient properties of many local remedies, Cantharides, for example, Mezereum excepted, which produce local symptoms from external application, also cause those symptoms by internal use, although generally slower, as the reverse very frequently occurs, that locally employed remedies produce a number of constitutional (as well as local) symptoms on distant organs and parts of the body. It almost appears as if there can no more be purely local remedies than purely local diseases, for the so-called local symptoms of these drugs are nothing but the specific effects that are manifested, whatever be the mode of exhibition, only with the difference that the local application produces sooner and more certainly at the point of contact, than the internal administration by which the drug often needs to make wide circuits to reach that place.

However inclined Dr. Franz may be to ascribe the local effects of certain drugs to their specification, yet he is far from

advising the external application of the indicated remedy in constitutional diseases which have localized on the skin. He carefully says: "However plausible, that the more quickly acting application to a definite part should be preferred, yet it is not at all times unconditionally to be recommended, even where the remedy is specifically and homœopathically indicated, as it is well known that so-called local diseases, even those arising from external contagion, never manifest themselves without a previous, often long, affection of the entire organism, and the too rapid external effects of externally employed (even homœopathic) remedies are not sufficient to destroy first the internal disease. The frequent unfortunate results of merely external treatment of itch and chancres may serve as a warning. Nowadays they often comply with both requirements by employing the same remedy both externally and internally. In purely external injuries, as wounds, bruises and burns, we will not, of course, hesitate to employ locally the appropriate remedy."

Relying on these observations of Dr. Franz of the characteristic effects of the *Ranunculus* juice on the skin, Drs. Schweikert and Haubald cured tetters on the fingers and palms (unfortunately Dr. Franz says nothing further concerning these tetters) by the internal use of the diluted tincture of *Ranun.*, and at the same time wetting the affected parts with water in which one drop of the tincture was mixed.

In the *Materia Medica* of the dominant school the family of the *Ranunculi* might as well not exist, and yet there have been important experiments with it. A notable exception is made in Strumpf's *Systematische Handbuch der Arzneimittellehre*, which is a true thesaurus of the history of pharmacodynamics. We find in band ii, p. 451, the very interesting experiments of Giovanni Palli on the local effects of the *Ranunculi*, the *scleratus*, *bulbosa*, and *flammula*. Dr. Palli describes four degrees of the effects: 1st. Redness of the skin, with severe (*lebhaftem*) but not painful itching, occurring twelve, twenty-four or forty-eight hours after the external employment of the drug, and continues without any other symptoms five or six days, when the redness of the skin disappears with a slight desquamation. 2d. Redness, with sensation of heat accompanying an elastic, sensitive, itching swelling of the skin ten or twelve days after the application, and continues five or six days. During this time there forms on the irritated skin a confluent eruption of small vesicles, which dry up without opening, when desquamation follows.

3d. Bright redness of the skin, with violent heat of the swelling, on which six or eight days after the application a blister forms, filled with yellowish liquid. Around this others arise, which are smaller and bordered with a broad circle, and also small, painful, bloody ulcers arise. The blister remains some time unchanged, and exudes for three or four days a watery liquid, and then bursts, throwing out some pus, while the skin assumes a white or pale-red color. 4th. Small blisters form after a superficial withering of the skin. These degrees of action do not reach by considerable the intensity and extensiveness of Dr. Franz's provings; they depend, according to Palli, on the kind of preparation of the *Ranunculus* employed. While the expressed juice and alcoholic extract had no effect(?), the plant, macerated six days in olive oil, which was then warmed to 140° Fahrenheit, produced the first degree; the *Ranunculus* vinegar produced the second; the cold prepared alcoholic tincture the third; the distilled aqueous extract and the alcoholic distillation, prepared in the water-bath, excited the effects of the fourth. The irritation was not limited to the parts touched, but spread over the whole body. In particular there was observed a weakness of the pulse and a sensation of numbness, with heaviness of the head.

Palli obtained the best marked results from the external employment of *Ranunculus* in patients who suffered from irritability of the mucous membrane of the respiratory organs and intestinal canal and from painful neuroses of the limbs, particularly in long-continued sciatica, in which he sometimes used the tincture and other times the aqueous distillation.

Hirschel mentions *Ranunculus* bulb in his *Haus-schatz* as a remedy for chronic eruptions of the skin, and in vesicular eruptions and prickly heat, and also for hemeralopia; where he obtained this indication is unknown to me. Prof. Buchner, of Munich, employed it in a variety of pneumonia caused by taking cold, and followed by overheating, or *vice versa*. Other indications were bright-red cheeks; clean tongue; difficult, short and very oppressed respiration, with scarcely audible respiratory murmur; also dry heat, turgescence to the skin, without sweat; prostration, which even at the very beginning of the disease scarcely allowed the patient to walk; small, very rapid pulse, with great vascular and cardiac excitement; nausea, and even faintness on sitting or moving. *Hygea*, band 15, p. 508.

Our colleagues, by studying this important remedy, to which

we direct their attention, will discover a number of very important indications. The good lies so near, often much nearer than we imagine.

THE HOMŒOPATHIC MATERIA MEDICA AS A SCIENCE AND ITS APPLICATION AS AN ART.

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

(Read before the Pennsylvania Homœopathic Medical Society.)

SCIENCE, strictly speaking, means knowledge. In a general sense it is a series of ideas deduced from established principles methodically arranged and made applicable to one subject. In medicine we ratify these principles by experiments and observation, and apply them to the removal of disease. The experiment consists in administering a medicinal agent to several persons in health; the observation in noting the results. "This observation does not consist in a mere glance at results,—in a kind of vague looking on, so to speak,—but in the power of comparing the known with the unknown, of contrasting the similar and dissimilar, in justly appreciating the connection between cause and effect, the sequence of events, and in estimating at their correct value established facts." So uniform are these consequences that any one sufficiently conversant with them will at once recognize a medicine taken by the effects it produces. The knowledge of medicines, obtained as above, constitutes our *Materia Medica*. Hence, the knowledge of the *Materia Medica* is in every way worthy the name of a true science. It is developed under the third Newtonian law, namely, "Mutual action consists of action and reaction, and they are always contrary and equal."

The principles of *our* science, as in *every* science, must be obtained in their own peculiar method, by special experimentation and observation, when the results will be uniform and determined in every human being. Every remedial agent will give a *reaction* just as peculiar, equal and perfect as its *action*, thus proving the accuracy of the science of our *Materia Medica*. And, as we continue to experiment and observe, we may extend our *Materia Medica* so long as new remedial agents may be found with which to further the process. Each proceeding adds a new link, perfect and complete, to the long chain of experiments *ab initio ad finem*.

The *Materia Medica* as a science, however, is utterly useless until adapted to the healing of the sick. Our knowledge of the symptoms of every drug in the *Materia Medica* may be so complete that the recognition of a medicine by its effect will be positive; yet if we have not learned something about the manner of curing, all our knowledge amounts to nothing. In this, *i. e.*, in the application of the *Materia Medica*, lies the art. For art is but the application of science according to fixed rules.

The science of numbers is employed to infinity in all kinds of calculation by the observance of established rules. With the rules of grammar the language of any nation can be learned to perfection, but not without them. The art of painting, also, can be carried to a high state of excellence by conforming to its governing principles. So the art of healing, which may be considered a divine art, has its fixed precepts, which must always be obeyed. The appropriate rules for the use of our *Materia Medica* are unfolded and expounded in Hahnemann's *Organon of the Healing Art*. These rules are true because they are founded upon the same immutable laws of nature as that upon which the *Materia Medica* is based,—the law of action and reaction,—and when properly applied will lead to the perfection of our art. It is action and reaction that give us our knowledge of the *Materia Medica*. In applying this knowledge to use, action and reaction give us health. These are the *only* rules because they alone are peculiar to and arise from the unchangeable law of nature—action and reaction. As much so as the laws of gravity in all that concerns gravitation, or in the laws of cohesive attraction in all that concerns cohesion, or in the laws of chemical affinity in all that relates to chemistry. So, likewise, in all other sciences. Moreover, it is not possible for physician or layman to make a single homœopathic prescription without some knowledge of this selfsame law either from hearsay or otherwise. If, therefore, some good can result from a slight knowledge of these rules, as from hearsay, for instance, how much more can be achieved by means of a thorough acquaintance with them?

As *all* arts have their own special and fixed rules arising from the various sciences from which they originate, so the art of healing has its peculiar principles which must be strictly adhered to in order to obtain the best results. As in all *other* arts, intense study and assiduous application are needed to perfect the student therein, so is it in the art of healing. A

physician should be thoroughly read and versed in all the principles, both elemental and fundamental, as set forth and elucidated in the writings of Hahnemann, who originated and founded this whole medical system. It is the *Organon especially* which gains and grows upon us the more we study it, and the more our faculties by its study develop, increase and expand into a clear comprehension of it. "The observation of this fact, by experience, led our Bönninghausen to inculcate upon the profession his advice to iterate and reiterate the diligent perusal and assiduous study of this work as the fountain-head of our knowledge of homœopathy." As beautiful as is the theory of the above science and art, so much more beautiful is it in the practice when applied to the healing of the sick. The more skilful the practitioner becomes in using these rules, the more apparent will be the truth of the above assertions in every instance.

We will now adduce a few examples in support of what we have advanced above. These shall be no fanciful sketches, but actual results obtained in healing the sick. If any one has doubt of this matter, let him faithfully acquire the knowledge and honestly apply the principles according to the Master in our art.

As gonorrhœa manifests itself in a variety of forms, and is deemed by most physicians to be difficult of cure, it will afford a good subject for illustration. A physician is applied to for help in a case of this kind. The patient describes his symptoms as follows: Cutting-burning pain during micturition, which occurs very frequently, the urine coming in drops or in a feeble stream; the sufferings at times are so great as to make him bend double and cry out. Sometimes there is hæmaturia and severe chordee. "Can the art of man relieve me?" Yes, the scientific man of our school quickly perceives in this case a true picture of *Cantharides*. Those who have attained the highest advancement in our art will prescribe a single dose of this remedy in a high potency, dry on the tongue, and *Sac. lac*, for three or four days. In a short time, usually in twelve or twenty-four hours, there will be a diminution of the sufferings; a little later there will be a decided improvement, and if it be a simple, uncomplicated case no more medicine will be needed. If the cure is not complete in ten days some antipsoric remedy will perhaps be required. Then the symptoms must be collected anew, and the new remedy chosen and administered as above.

Another case comes before us, with frequent desire to urin-

ate, accompanied by a burning-smarting sensation during the act, but not presenting the *sharp cutting* as in the former remedy. There may be bloody urine and chordee, but the symptoms are not so violent and so *sharp*, nor the sufferings so acute as in the former remedy. The urine passes off, producing a tearing, zig-zag sensation in the urethra, which feels inflamed and is painful to the touch throughout its whole length. The contrast is very distinct between this and the former remedy, and we recognize at once *Cann. sat.* Now, according to the rules of our art, we give a single dose of this remedy in a high potency. In a few hours we note an amelioration, and the case steadily improves till a complete cure is the result, without a repetition.

Take another case quite different from those mentioned. There is no suffering *during* but there is burning and cutting *after* micturition, sometimes violent stitches in the urethra between the acts of urination. The urine flows copiously, but the suffering is always after micturition or in the interval. How different this case from either of the others! Our science teaches us that *Natr. mur.* is the remedy. One dose in a high potency will perform a rapid cure, when allowed to act in accordance with the rules of our art. This remedy has to be administered, sometimes, after *Cantharides* or *Cann. sat.*, when these remedies have not been quite sufficient.

Another case comes before us where the suffering is developed near the *orifice* of the urethra. At this place there is burning immediately before, after and during micturition; sometimes fine stinging in the *orifice*, immediately after urination. There are often violent stitches or prickings in quite the *anterior* portion of the urethra, between the acts of micturition. Here our science teaches us that *Capsicum* must be the remedy. Administer a dose of the high potencies and we will be rewarded with a complete cure without a repetition. Tearing pains in the glans penis characterize another form of sufferings, and sometimes we find darting tearing and terribly severe pains extending the whole length of the urethra, from before backwards. Here *Mezereum*, in a high potency, is the remedy, a single dose of which will generally suffice.

Another form of this trouble presents a sensation as though a drop of urine were passing along the canal from the neck of the bladder, sometimes with drawing and cutting pains. Where this sensation is distinct and well marked it will be found that *Thuja occ.* will cover the whole

case. Here is the science, apply it, and a single dose will be sufficient to indemnify our art.

A well-marked redness and inflammation of the meatus urinarius externus is the characteristic symptom of another form. This part feels hot continually, and when these two symptoms come together, *Sulphur* is worthy the closest examination, which remedy probably will be found to cover the whole case. One dose will be all-sufficient.

Again, a large collection of smegma behind the glans penis, with much itching of the prepuce, inflammation and swelling of prepuce and anterior portion of urethra. There is also tenderness of the part to the touch, and the gonorrhœal discharge is of a marked greenish color. Now our scientific knowledge reminds us of *Merc. sol.* Here, according to our art, *Merc. sol.* will bring the cure in a reasonable time. Should the discharge be thick and yellowish, we may think of *Merc. corr.* instead of the solubilis.

The marked symptoms of another case are want of erection and deficient sexual desire. Our science will now lead us to think of *Agnus castus*.

In another form a sensation prevails as though the urethra was closed, not allowing free passage of urine. There is also dragging in the urethra with a sense of soreness after micturition. Now we might study *Argen. nitr.* with a fair prospect of applying it according to the rules of our art.

In another instance the patient will complain of a horrible pain in the testicle. There is much swelling and tenderness; urine offensive and painful in the voiding. He confesses that his gonorrhœa has been suppressed. Here our science leads us at once to consult *Nitric acid*. Its use, according to our art, relieves the pain, the gonorrhœa returns and we cure the case.

In another form of this malady we have *swollen* testicle, *inflamed* eyes, *scanty* urine, restlessness and desire to be in constant motion. He acknowledges his gonorrhœa to have been suppressed. Our science points to *Pulsatilla*. Our art decides its utility.

Another case. Applicants for aid in this complaint, living on wines and highly seasoned rich food, suffer from an aching in the orifice of the urethra, with shuddering between the acts of urinating. Occasional attacks of contracting pain from the orifice of the urethra backwards towards the body. Painful and ineffectual desire to urinate, or urine passing in drops with burning and tearing. Frequent inclination to urinate

with burning. Here our art would call for the use of *Nux vom.*

Kali bi. gives us another scientific picture. After passing water it seems as if a drop were remaining far back in the urethra, which he is unable to expel; this drop burns and worries him a long time with fruitless efforts to expel it. In this case our art teaches us to administer a single dose of a high potency, and in a short time a cure results. This remedy is similar to Thuja, but quite different.

Clematis erecta affords another scientific picture. The patient is utterly unable to pass a drop of water for a long time; finally a few drops pass away, or there will be an interrupted stream, all without pain. Sometimes one thinks he has finished Nature's demand, when suddenly a quantity will pass involuntarily in drops. When there is pain in urinating it is most severe at the commencement. Art again demands a single dose only, always high. When any of the above remedies fail in making a cure, proceed further according to the rules of Hahnemann. We will now proceed to illustrate science and art in the cure of chancre.

Merc. sol. has the following scientific picture: Painful itching ulcer, the size of a pea, on the glans near the frænum, with discharge of offensive pus; ulcer sore to the touch. Mercury, high, will lessen the ulcer one-half speedily, say in a week. In the same time again, without a repetition, the ulcer will be healed.

Merc. sol. affords another picture. Several small ulcers which bleed easily so soon as the prepuce moves or on handling the parts. Very painful ulcers on the glans and on both sides of the frænum. Patient complains of pain in the inguinal region on walking, but there is no redness of the skin visible. Heavy pressure on the inguinal glands causes pain. One dose of Mercury, in a high potency, causes the whole trouble to disappear in the course of two weeks.

Merc. sol., a third picture. Chancre, size and shape of a small-sized lima bean, near frænum, on the glans, and of some depth. The bottom of ulcer covered with a thin yellow layer of pus. Prepuce red and swollen. Ulcer painful when touched. *Merc. sol.* high, and one dose will obliterate the whole trouble gradually in the course of two weeks.

Cinnabaris presents another striking picture. Ulcer on glans near orifice of urethra, size of a lentil, surrounded by a red-yellowish ring. Several lentil-sized pigmentations of red-

yellowish color on the glans and prepuce. *Cinnabar*, one dose high, caused a complete cure in about two weeks.

Cinnabar, a second illustration. Round chancre, large as good-sized pea, above the corona glandis, surrounded by a red halo. Three pigmented spots red as scarlet on the glans and prepuce. *Cinnabar* ^{1m}, one dose, completely removes every trace of this trouble in about two weeks.

Merc. biniodatus. A true picture. On the front of prepuce appears a hard red swelling, extending half an inch in length, as thick and hard as a common lead-pencil; in the centre of this is a hard chancre, which has not the slightest pain on handling or pressing the part. A high potency of *Merc. biniodatus* completely cures these cases in the course of three or four weeks.

Thuja.—Round, unclean, elevated ulcers, with little necks on corona glandis, surrounded with redness, usually moist and painful. Condylomatous excrescences. One solitary dose ^{70m} dry on the tongue will afford a sure vindication of our art.

Nitric ac., a picture of. Ulcers on the corona glandis, about the frænum, on the prepuce or on the scrotum, with sensation, on the slightest touch as if sticks were jaggings them, hurting exceedingly. Our art proves that one dose of this remedy, in a high potency, is sufficient to cure in the course of two weeks.

Corallium rubrum, a picture of. Ulcers flat and extremely sensitive to the touch, sometimes bleeding. Chancres on any part of the penis or on the scrotum so sensitive he can't bear to have even the shirt touch them. Secondary chancres of this nature also. By applying the rules of our art, a solitary dose works a speedy cure.

Let those who question the above read the *Organon* and obey the Master. No amount of argumentation will satisfy them. The science acquired and the art practiced, would satisfy them abundantly.

MENSTRUAL HEADACHE.

BY MILLIE J. CHAPMAN, M.D.

(Read before the Homœopathic Medical Society of Allegheny County, Pa.,
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HEADACHES have been considered among the morbid conditions of minor importance. Medical literature is limited on the subject, our best knowledge coming from those record-

ing clinical experience. Having frequent calls to prescribe for these cases has led me to present the subject, hoping to receive suggestions that may be helpful in future treatment. Pain of any description, in any portion of the head, we term headache or cephalalgia. The pain occurs in a variety of forms, the result of as many causes. An imperfect classification has been made, each division more or less clearly designating the cause or kind of pain; accordingly we have rheumatic, nervous, congestive, neuralgic, bilious and sympathetic headaches.

The last division is very indefinite, for headache occurs as a sympathetic affection in many diseases. It is a prominent symptom in all fevers, inflammations and nervous diseases. Spinal affections, as well as any irritation of the uterine organs, are generally attended with some form of this suffering.

It is my purpose to direct your attention to this painful condition occurring just preceding, at the time of, or immediately following the menstrual nîsus.

A multitude of women suffer the martyrdom of these headaches at intervals, and some even their whole menstrual lives; both young and old are thus afflicted.

Either of the above kinds of headache may occasionally occur at this period, but we more frequently meet a peculiar agonizing pain, returning about the time of every appearance of the menses.

Authorities consider it of reflex character, dependent upon some lesion of the ovaries, or disease or luxation of the uterus, but say that it may result from impairment of the quality of the blood, as in chlorosis, chloro-anæmia, the debility following abortion, menorrhagia, uterine leucorrhœa or too prolonged lactation.

The especial significance of reflex headache has not been thoroughly understood, yet a few characteristics are quite generally relied upon. A persistent burning pain on top of the head, or a steady dull aching in the occipital region has been considered pathognomonic of uterine disease. The occipital headache is supposed to be the attendant of diseases of the cervix, while pain at the summit or through the head results from some lesion of the body or fundus. This pain attending uterine disease is generally continuous, and is always increased at the month. Inflammation and ulceration of these tissues may exist at any time after puberty, but is by no means so frequent as to cause all cases of menstrual

headache. Attacks of headache resulting from uterine displacements and leucorrhœa resemble what is known as "sick-headache." The paroxysms recur without any regularity or especial reference to menstruation; over-fatigue, mental or physical, want of proper rest or food, may induce it; the gastric function is prominently and principally implicated.

The menstrual headache occurs only at the time of the menses, whether that is every three, four or six weeks. It may anticipate, accompany or follow the discharge; returns with great regularity; if the habit has been to appear before the flow, it may be expected every month at this season; if after the cessation of the discharge, the patient is not apt to escape that time without an attack. The pain is located in the crown, in one or both temples, or it may be in the orbital region, or even in the back part of the head; may or may not be accompanied by the "clavus hystericus," or sensation as if a nail had been driven into the temple. Often the whole head seems to pulsate, thrill with terrible pain, rendering the patient almost frantic with the intolerable aching. The general cephalalgia is often, but not necessarily, attended by nausea and vomiting; when this does occur, it follows a long continuance of pain, and unlike cases of bilious headache, the patient can take a small amount of food, and is often relieved by so doing. Sometimes the pain is said to be crushing, as if there was a great weight on the vertex. Again it is burning in character and circumscribed in extent. The degree of suffering in the head is not always in ratio with the quantity of blood that is lost in menstruation, neither with the intrapelvic pain and distress experienced in its discharge; frequently there is no pelvic pain when the headache is most severe. The hysterical symptoms which attend this headache are only incidental. All sorts of strange sensations are described; among others, a confused feeling, with fear of losing her mind.

It may be caused by a spasm or obstruction of the uterine cervix, which prevents the ready exit of the menstrual flow; this form is cured after pregnancy and labor has occurred. It is sometimes due to a temporary arrest of the flow for a few hours, or it may depend upon too scanty or too copious a discharge. In the majority of cases we find either subacute or chronic inflammation, irritation or neuralgia of one or both of the ovaries. In certain women, whatever mental or physical causes are sufficient to greatly derange the circulation and produce innervation of the internal generative organs are ca-

pable of inducing the menstrual headache. The direct relation of this form of cephalalgia to the function of ovulation is shown by the regularity of its return at the month and by a complete exemption from it during gestation and lactation. The periodical afflux of blood to the generative organs, but more especially to the ovaries, and the nervous tension and crethism connected with the monthly crisis, seem to cause the headache.

Several cases have come under my observation and care which were relieved and supposed cured when they became pregnant. After labor and lactation were passed, the headaches returned, treatment only affording relief for a time. With some of these cases I think the failure may be attributed to some indiscretion of the patient which continues the cause, and hence the remedies but partially control the suffering. A case of this type I distinctly remember: Mrs. D., æt. 42, had suffered every month since the birth of her youngest child, then fifteen years old. The headache anticipated the flow about two days, constantly increasing in severity, until she was greatly prostrated, being unable to raise her head, when nausea and vomiting set in; could tolerate no light or noise in the room, not even persons speaking to her. She complained of a terrible burning in the orbits and temples, and sometimes at the vertex. The paroxysms returned at the same hour of the day. There was no displacement or ulceration of the uterus, nothing unusual about the flow in kind or quality, but there was always a *burning* in the region of the left ovary. After a few months' treatment, with partial relief from the first, all headache ceased. She soon became pregnant; at the sixth month miscarried, the waters being discharged five days before labor came on. It was a case of placenta previa, breech-presentation, the cord twice around the neck. The fœtus was well developed, large for that term. She made a good recovery, and soon after moved to another city. About the fifth week after her confinement the headache returned, and under the care of a most skilful physician, was as persistent as ever at last accounts. Her carelessness will probably ever defeat the efforts of any physician.

The treatment is largely regimenal. Stimulating food and drinks, exciting literature, running sewing machines and constipation are among the avoidable causes. The first efforts should be to prevent an undue afflux of blood to the internal organs, hence reasonable dress and diet, with suitable company,

is of the greatest importance. If it were possible to regulate the clothing of all women so there could be no compression of the waist, the weight properly suspended from the shoulders and the feet well protected, this form of suffering, with many others, would rapidly disappear. Any obstruction of the uterine cervix should be removed, and if a displacement exists, should be corrected; the general system guarded against any debilitating influences, with regularity in eating, sleep and exercise during the interval and rest at the month. Neither body nor mind should be overtaxed.

The effort of menstruation is marked by peculiar features of opposite character in different persons. There may be great prostration of strength, depression of spirits, irritable temper and uneasiness generally. Others have an unusual supply of good-nature; they then undertake their greatest efforts, take long walks, work hard without any apparent injury, while with some there seems to be a stimulation of nerve and brain power. Some women engaged in literary work, on the day or evening before the appearance of the menses, write such articles as can be produced by them at no other time. They have a craving for deep studies, and can fully comprehend the most difficult subjects. Some girls at school observing this fact, prepare their essays and special exercises at these periods. If this class of women suffer from the menstrual headache the attack is always more severe after such mental labor.

The remedies most serviceable are those frequently used in deranged menstruation. The suffering so often results from some lesion of the ovaries that such remedies as have an action on those organs are most helpful. All authors I have consulted place *Pulsatilla* at the head of the list. I know we are told that it is the most frequently indicated remedy in diseases of women; farther, that so much suffering is relieved by it that womanhood in general should bow her head in reverence to the plant. I regard it as a useful remedy, but have not had success with it in these cases, and think its value often greatly overestimated.

Ars. alb., Apis, *Actæa rac.*, Bell., Bry., Cal. carb., Gels., Ignat., Lach., Lyco., Natr. mur., Platina, Stan., Sang., Sepia and Sulph. have given me the best results, although I have used many others.

I give the most prominent head symptoms which have guided me in a choice of remedies, followed by pelvic pains, which may accompany and will be cured by the same medicine.

The absence of any or all of the pelvic pains is no contra-indication for the remedy. The general characteristics were also considered.

Apis Mel.—Congestive headache with suppressed or diminished menstruation; brain feels tired; œdematous swelling of the eyelids; pressing pain in the forehead and temples, worse on rising and in a warm room, relieved by pressing the forehead together. Chronic headache in nervous subjects; violent pain in the forehead and temples, at times involving the eyes, attended by nausea and vomiting.

Pelvic Pains.—Sharp cutting-stinging pain in the right ovary; left ovary swollen, with pressing-stitching pains; enlargement of the right ovary, with pain in the left pectoral region, with cough; uterine hæmorrhage profuse, with heaviness of the abdomen and faintness.

Ars. alb.—Periodical headache, returning at the same time of day. *Burning pains*, relieved by cold water; pain in the forehead, over the root of the nose and in left temple; great weight in the head. The headaches precede the flow.

Pelvic Pain.—Organic lesions of the ovaries and uterus; great prostration, with sinking of the vital forces; too early and profuse menses; pain at the coccyx and in the shoulders.

Actea rac.—Pressive headache; fulness in the vertex and throat, and stiffness of the neck; roaring in the head; pains over the eyes, in the eyes extending along the base of the skull to the occiput; sensation as if the eyeballs were too large for the socket, or as if the top of the head would fly off; starting on falling asleep, with the impression that one is falling from a height.

Pelvic Pain.—Nervous irritation of the ovaries, producing amenorrhœa, dysmenorrhœa and menorrhagia, in women with a rheumatic tendency.

Belladonna.—Throbbing headache, with congestion of blood to the head; flushed face; dilated pupils; periodical nervous headache, worse from the heat of the bed and on first lying down; boring pain in the right side of the head, increased by motion, a bright light, noise, or a draft of air; sense of fullness in the head.

Pelvic Pain.—Congestion of right ovary, with great tenderness; menses too early and profuse; discharge bright-red, clotted, seeming hot to the parts, of fetid odor; great pressing towards the genitals, as though everything would protrude; sharp cutting pains in the abdomen which come and go suddenly.

Bryonia alb.—Fulness in the forehead, as if everything would be pressed out; pain in both temples, pressing from within outward; congestion of blood to the head, with epistaxis; pains in the head, as if it would split open, aggravated by motion, opening the eyes or stooping; relieved by pressure or closing the eyes; headaches during the menses.

Pelvic Pain.—Stinging pain in the ovaries on taking a deep inspiration; great sensitiveness of the parts affected; cannot bear the least pressure; uterine cramps, with pinching and uneasiness in the abdomen; menses too early and profuse, or amenorrhœa, with bleeding at the nose.

Calcarea carb.—Stupefying, throbbing headache in the middle of the brain from early morning until afternoon, worse from mental exertion, stooping or walking in the open air, better from closing the eyes and lying down; chronic headaches every morning; fulness and heaviness of the head; icy coldness in and about the head; profuse perspiration about the head and upper parts of the body, especially at night; frequent semilateral headaches, with empty risings; stupefying oppressive pain in the forehead; great depression and nervousness.

Pelvic Pain.—Swelling and sensitiveness in the renal region; nocturnal shivering pains; drawing and oppressive pains, with stitches in the abdomen; profuse discharge of bright-red blood, too soon and lasting too long.

Gelseminum.—Nervous headache; the pain commences in the back part of the head and spreads all over it; great heaviness of the eyelids, it is almost impossible to keep them open; severe neuralgic pain in the left temple; headache, most frequently in the forehead and temples; pain quite constant, dull, stupefying and pressive; bruised pain above and back of the orbits; nausea, giddiness, tightness of the brain.

Pelvic Pain.—Menses delayed and painful or suppressed, with convulsions; sensation of heaviness in the uterine region, with increase of white leucorrhœa; suited to nervous, excitable, hysterical persons.

Ignatia amara.—Headache, with heaviness and heat in the head; pulsative headache; pain as if a nail were driven from within out through the side of the head; aching in the forehead and over the root of the nose; nervous headache, aggravated by stooping, in the morning, from coffee, tobacco smoke, noise, from reading and writing, from sunlight and from moving the eyes; intolerance of light; relieved by changing the position and by lying on the painful side.

Pelvic Pains.—Hardness and distension of the abdomen; uterine spasms, with crampy, pressing pains; relieved by pressure and while in a recumbent position, attended with great sighing and sobbing; laborlike pains, with lancinations; uterine cramps, with cutting, contractive pains and great dyspnoea; menses early and profuse; discharge of black blood mixed with coagula, or menses scanty and delayed a few days; flow offensive and in clots.

Lachesis.—Vertigo, with headache and nosebleed; beating in the head and burning on the vertex; aching under the skull all over the head; painful sensitiveness of the whole left side of the head; pulsating headache, undulating, most violent above the eyes; worse in the morning, with pressing in the temple, as though the brain were pressing out; aggravated by pressure; relieved by lying down.

Pelvic Pain.—Cannot bear any pressure on the uterine region; the weight of the clothing causes constant uneasiness; swelling of the left ovary, with tensive pressing-stitching pain, increasing more and more until relieved by a discharge of blood; menses delayed, scanty or intermittent, or regular as to time, constantly decreasing in quantity; often suited to cases where Belladonna or Sepia has proven inefficient.

Lycopodium.—Contractive pain in the temple, as if the head would burst; dull headache, with stupor, dizziness; fainting turns when standing, with loss of sight and hearing; heat in the head; pale face; has to sit down; stitching headache, recovering at short intervals; headache immediately after breakfast, mostly on the right side; worse from mental exertion, stooping or lying down, and followed by great weakness.

Pelvic Pains.—Cutting pains from right to left in ovarian region; pressing pains from within outwards, from above the pudendum into the vagina; frequent fits of shivering; menses too profuse and last too long, or they may be late and scanty.

Natrum mur.—Periodical headaches; fine drawing or beating pain in the forehead, especially of sensitive young girls; headache every morning on awakening, attended with palpitation of the heart and terrible sadness; vertigo when rising; emptiness of the head, with great anguish; headache, with nausea; cold cheeks and internal heat, with headache and fainting; dulness and heaviness of the head, as from congestion.

Pelvic Pains.—Burning-cutting pains in the groins during micturition; crampy colic; heaviness of the abdomen; menses

late, scanty and of too short duration; bearing-down pressure; leucorrhœa milky or mixed with blood.

Platina.—Constrictive headache, as if a tape were drawn around the forehead; sensation of numbness in the brain; violent pain in the forehead; twitching of the eyelids; objects appear smaller than they really are; sensation of coldness, creeping and numbness in the whole right side of the face; melancholia in women with uterine diseases.

Pelvic Pain.—Ovaritis; the pain is of a burning character, occurs in paroxysms, and is attended with stitches in the forehead and excessive sexual excitement; painful downward pressure at the pubes is relieved by lying down, but returns on standing; cramps and stitches in the uterus; menses too early and profuse, partly clotted and partly fluid blood, or tarlike.

Stannum.—Pressure in the forehead; stupefying aching pain in the brain; pain the whole day, as if the temples would be crushed; beating in the temples; pain as from subcutaneous ulceration; pain in the malar bone previous to the menses; prolapsus vaginæ.

Sanguinaria.—Beating headache, occurring paroxysmally; pains in the head in spots; soreness, especially in the temples; pain in the head in rays drawing upward from the neck; severe headache, with nausea and vomiting; distension of the veins in the temples; severe heat and redness of the face; climacteric headaches.

Sepia.—Paroxysms of hemicrania, with nausea and vomiting; boring-sticking pains, extorting cries; dull aching over the orbits, as if the eyes would fall out; headache, as if it would burst; sensation of coldness on the vertex; small red pimples on the forehead.

Pelvic Pains.—Pressing in the uterus, as if everything would protrude, with oppression of breathing; prolapsus uteri and vaginæ; burning-shooting pains in the neck of the uterus; menses too early and scanty.

Sulphur.—Feeling of coldness about the head; pain when nodding, as if the brain beat against the skull; vertigo when sitting; constant heat on top of the head; beating headache; worse in the morning, from motion, when stooping, and in the open air; headaches every eight days.

Pelvic Pains.—Congestion of blood to the uterus; burning in the vagina; burning acrid leucorrhœa; menses early and pale, or late; flow thick, dark and acrid.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY L. HOOPES, M.D., SECRETARY.

THE Homœopathic Medical Society of Chester, Delaware and Montgomery Counties convened at the Bryn Mawr Hotel, at 12.45 P.M., September 25th, 1877, being one week earlier than the regular time of meeting. The change was made on account of the meeting of the State Society occurring only a day or two after the regular time.

The President, Dr. R. P. Mercer, occupied the chair, the following members being present: Drs. L. B. Hawley, R. P. Mercer, T. Pratt, C. W. Perkins, D. H. Bradley, W. A. D. Pierce, and L. Hoopes.

The following were elected officers for the ensuing year:

President, Dr. T. Pratt; *Vice-President*, Dr. W. A. D. Pierce; *Secretary*, Dr. L. Hoopes; *Corresponding Secretary*, Dr. M. Preston; *Treasurer*, Dr. C. Preston.

Drs. J. B. Wood and C. Preston were appointed delegates to the State Society in October.

A letter from Dr. C. Preston, expressing his regret that he could not attend and his desire for the welfare of the Society, was read, received and filed, after which the Secretary read the following paper from Dr. C. Preston on *Cholera Infantum*.

CHOLERA INFANTUM.

BY COATES PRESTON, M.D.

Our unusually cool summer, up to the present writing, August 10th, has in this latitude protected the health and saved the lives of many children which, under less favorable circumstances, would have become victims to this fearful scourge. Nevertheless we have quite a number of cases to treat, some of which have assumed a very serious form, approaching that hydrocephaloid condition under which so many are lost; but timely attention to the premonitory symptoms of brain affection has thus far saved every case in our hands.

Quite a large proportion of our cases have yielded very promptly to *Merc. sol.*

Characteristics.—Stools very frequent, but watery and scanty, occurring day and night, but more frequent at night. The discharges may be green mucus mixed with a little

blood, or watery and colorless. Tenesmus during stool occasionally, but more frequently colic pains just previous to stool and sometimes after. Occasionally vomiting, but unlike Ars., not for some time after eating. Cadaverous face with sunken eyes and fontanelles; frequently clammy perspiration; restlessness, with frequent drawing up of the feet, and whining. Merc. sol. has cured all such cases for me this season. The 200th potency has failed in several cases, when I have had immediate results and hasty cures with the 6000th of the same remedy.

There is another and still more alarming condition than the above, where the brain symptoms become so prominent that we are compelled to regard the condition of the bowels as of minor importance.

Characteristics.—The child manifests much pain, with frequent tossing the hands to the head, which is very hot, especially in the occipital region; boring the head back in the pillow and tossing it continually from side to side; eyes glassy and staring, and if the child is enabled to get any sleep at all, it is with the eyes half open. Great sensitiveness to noise and light; the patient's attention is drawn to every new object which presents. If the gums are swollen, and one or more teeth in the effort to come through, the case is still more critical. The child is intensely thirsty, and will drink water till the stomach will hold no more. In this condition I allow the patient all the cold water it can take, and the result is always favorable. The child generally has green watery stools, which under other conditions should be controlled by Merc.; but this remedy will not answer here, and Bryonia is the medicine, and no one need hesitate to give it in the 2000th potency. Not that this remedy will always accomplish the entire cure, but in such cases it will prevent the progress of the disease by quieting the nervous excitement, relieving the pain in the head and inducing sleep, which under such circumstances is absolutely necessary to prevent effusion of the brain, which condition the child is rapidly approaching. One or more remedies may have to be given to complete the case after Bryo. has controlled the dangerous symptoms, such as Sulph., Bell. or Merc.

There is another class of cases which generally occur suddenly and more frequently at night, which have the following characteristics: Sick stomach, throwing everything off as soon as taken into the stomach, and especially water, with great desire to drink frequently, generally little at a time, but

sometimes profusely. Watery diarrhoea; stools copious and frequent; pale sunken countenance; pinched features; patient sinking in an hour's time from comparative health to apparently approaching death, alarming the parents and attendants. *Ars.*²⁰⁰ or higher will control such symptoms at once, and on the following day the parents will be surprised to find their child living, moving and in a rapid state of recovery; but should the physician too quickly abandon the case as cured, and the parents, trusting to his judgment, permit a slight diarrhoea to run on for some time, together with more or less brain trouble, which is not detected by them until an aggravation occurs, then the physician is called again to find his patient in a still more alarming condition, though perhaps not apparently so to persons unaccustomed to seeing this disease in all its forms. Brain symptoms have set in and *Ars.* is no longer indicated, but some other remedy, which is far more difficult to select than was *Arsen.* in the first place, must be found in order to save the case.

Podoph. pel. is a remedy much lauded by some physicians in this disease, and deservedly so, but I have never found it indicated in very severe cases of cholera infantum. We know such symptoms as grating the teeth and rolling the head, with painful or painless diarrhoea of watery or undigested stools and prolapsus recti are accredited to this remedy, and in a milder grade of cases where such symptoms appear, but where there is no alarming brain complication, and especially in diarrhoea of undigested stools, very fetid and sometimes with a white meal-like sediment, and still more characteristic prolapsus recti, *Podoph. pel.* is the remedy, and will probably cure more such cases than any other.

Ver. alb., *Jatropha curcas*, *Mag. carb.* and many other remedies have important spheres in this disease, but as it is not our intention to give a general treatise on this subject, but only a few notes which have been suggested by this summer's practice, we refrain from giving the symptoms of other remedies, but in conclusion wish to say that to attain the greatest success in cholera infantum, remedies should never be used in lower potencies than the 200th, and still higher preparations will often effect greater results. The higher potencies act quicker and are more permanent in their results. Relapses are of much less frequent occurrence after their use, and what is still more to be accredited to their preference, they will frequently reach bad cases which cannot be controlled with the lower potencies. We know whereof we

speak, from a long experience with both low and high potencies.

Dr. Hawley mentioned a case of cholera infantum which was sent to his neighborhood from the city to die. The brain symptoms were very prominent, and it was cured by a few doses of Bell.²⁰⁰

Dr. Perkins related a case of diarrhœa produced by fright, with constant urging, which was quickly relieved by Gels.⁶

Dr. Pierce had a case of diarrhœa from chagrin, which was relieved by Gels.^m after other remedies and lower potencies of Gels. had failed.

Dr. Perkins cures cholera morbus, with vomiting and diarrhœa simultaneously, and sharp pain about the navel, with Coloc.

Dr. Hawley promptly relieves bilious colic, with distended stomach, pain in stomach and vomiting, the result of over-eating, with Acon. rad.^θ, two drops in half a glass of water, a teaspoonful every fifteen minutes. The same was corroborated by the Secretary.

Dr. Mercer reported an interesting case of *Placenta Prævia*, the hæmorrhage being controlled by Hamamelis, as follows:

A CASE OF PLACENTA PRÆVIA.

BY R. P. MERCER, M.D.

March 1st, was called to see Mrs. D., three miles out of town, whom the messenger said was in labor and flooding to death. I found her just returning to consciousness from having been in a swoon for more than half an hour. She was having no pain, and the hæmorrhage had subsided into a slight and gentle flow. On an examination per vaginam I found the os uteri open, and that I could insert my finger into the cavity of the neck quite easily, but not into the os internum; any attempt to do so would cause a return of pain and hæmorrhage. My suspicions were aroused; here was a woman in her seventh or eighth month of pregnancy (she had no correct account of her time as the menses had continued during the early months), suffering from a profuse uterine hæmorrhage, coming on suddenly, without any admonition or apparent provoking cause. A complete and intelligent history of the case, which she gave me herself, revealed the fact that a month before she had been taken similarly while away from home, but the hæmorrhage had not then been near so profuse. She

was sure there had been no external cause either then or now. Was at the time quite alarmed, and has since been feeling gloomy and despondent, as she has in all her eight previous pregnancies had protracted, difficult and dangerous labors, followed by long-continued flooding and "a poor getting up," and is now impressed with a belief that this is to be the fatal one. Complains of a *dizzy, swimming sensation in the head*, for two weeks or more past, and a *nauseous distress, with a dread of being touched over the umbilical region*. These two symptoms I have learned to look upon as characteristic of Hamamelis, and I do not remember that it has ever failed to control a hæmorrhage of a passive nature when they were present. And by a passive hæmorrhage I mean those occurring in persons where there is a certain scorbutic condition inducing atony or asthenic hyperæmia of the smaller vessels, as was the case with this woman, accompanied by paleness of the countenance, feeble pulse and fainting. I gave her Ham.; stayed by her side for an hour, when I found the flow had stopped; enjoined quiet and left. The next day found her better, she said, than she had been for a month. Left a few powders of Ham. to be taken in water; told her she could get up when she felt like it, but to be careful to use no unnecessary exertion. Called again in a few days, found her going about feeling quite well. The symptoms noted above had been entirely relieved.

March 16th, was again sent for. She had been having some pain at intervals of half an hour during the latter part of the night, and quite a profuse flow with each pain; but both pain and hæmorrhage had now nearly ceased. Found the os more open, and on inserting the finger could distinctly feel the placenta and its attachments all round. Placenta prævia it surely was, central and complete. The flow having nearly ceased, I left Ham. to be taken three times a day, directed her to use care and quiet, and to send for me again when needed.

I did not again see her until the 26th, when I was again sent for. She was complaining of a dull aching pain in back, and a slight flow at times (Ham.).

March 27th, found she had lost but little blood during the night. The dull, aching, uncomfortable feeling continued, but was better when I again saw her in the evening. She was becoming fearful that something was wrong, and asked to know the worst. I then explained to her the nature of her case, and what might be expected; and told her if she was

not better in the morning I would induce labor and stay with her until it was over; to keep quiet and fear no danger.

The next morning, March 28th, found that she had slept some during the night, but was now having more decided symptoms of labor, and with each pain there would be a gush of blood. I decided that it would be worse than useless to wait longer, and proceeded at once to deliver. I adopted the method laid down by Guernsey in his work on obstetrics as the most scientific and rational.

A No. 10 gum catheter was forced through the placenta and membranes, and the liquor amnii drawn slowly off. After the water had nearly all escaped the hæmorrhage had ceased, and with my fingers I enlarged the opening in the placenta around the catheter, and discovered that I had a head presentation. The os was dilating readily, the pains regular and good, and for a time it looked as if the head would come down without difficulty; but the pains soon became weaker and ineffectual, and my patient was failing in strength and courage. I gave a dose of Ergot, introduced my hand, grasped the feet, brought them down, and delivered her of an eight months living child.

The placenta was found still adhering to the sides of the uterus just inside and around the cervix, which was easily detached and brought away. The womb contracted nicely, no flooding followed, and she had the "best getting up" she has ever had. Four weeks after she told me she was feeling better than she had done for years. The baby died on the third day after delivery.

Such is a brief history of my first case of complete placenta prævia, after an active practice of sixteen years. If you have all been as fortunate as I have, some of you have not yet been called upon to deliver your first case, and may be glad to have the experience of others. I give you mine for whatever it may be worth.

To one fact, however, I wish to especially call your attention. This woman had for years been subject to hæmorrhages; in all her former confinements delivery had been followed by long and fearful flooding. In this one there was no after-hæmorrhage, and her health and tendency to hæmorrhage has been greatly improved.

Did Hamamelis do this?

Dr. Pratt reported a case of *Salivary Calculus*.

A CASE OF SALIVARY CALCULUS.

BY TRIMBLE PRATT, M.D.

About a year ago I was called to see a patient who was suffering from a swelling of considerable size under the chin, between the rami of the lower maxillary, showing very little if any inflammation; and upon examination of the mouth I found a corresponding enlargement directly under the tongue, so interfering with this organ as to make articulation quite difficult, besides giving considerable pain, especially during and after eating, because of its disposition to increase in size at this time to such a degree as to make deglutition almost impossible.

This condition had been present a week prior to my attention being called to it; and now what was the matter, and what the proper remedy? Here was a difficulty, as it had not been produced by cold or any mechanical injury, so far as I could learn, and I had never before seen such a case. (I might say here that this patient had had a similar attack a year previous to this time, and was then attended by an allopath of forty years' experience, who said he had never seen such a case, and did not know what to do for it.) Finding that the greatest amount of swelling occurred at a time when the salivary glands were most active in their secretion of saliva, I was led to inquire whether or not while eating there was as free a flow of saliva as usual. This was noticed by the patient to be less, consequently I concluded that the trouble must have its origin in the sublingual gland, and that there must be some mechanical obstruction in Wharton's duct.

I diagnosed a salivary calculus, and concluded that I would not be deviating from our law in endeavoring to effect its removal by mechanical force, so I gave *Merc. v³* in doses large enough to increase the secretion of saliva, hoping to dislodge the obstruction by force from within the gland, which was done in less than twelve hours.

A firm calcareous body of the size of a grain of wheat came to the orifice of Wharton's duct and was removed by a needle, when there occurred an abundant flow of saliva and entire relief.

Dr. Hoopes reported the following case of *Complicated Dys-tocia*.

CASE OF HAND PRESENTATION, COMPLICATED WITH
PROLAPSUS OF THE CORD.

BY L. HOOPES, M.D.

On the night of June 21st, 1877, at 11 P.M., I was called to attend Mrs. K., aged about thirty-seven, in her fifth confinement. She had been in hard labor two hours before sending for me. I found her with hard pains at regular intervals, very restless and complaining, declaring that something must be done, for she *could not and would not* stand it any longer. A dose of Cham.^{2c} soon quieted her, when I made an examination and found the os fully dilated, with the right hand presenting, and also prolapsus of the cord; the head appeared to be flexed to the left, and lodged upon the os pubes. My first impulse was to produce podalic version, but I soon found that to be almost impossible, as the waters had been discharged two hours previously and the pains were quite frequent, and every attempt at manipulation only aggravated and intensified them; so I concluded to make an attempt to replace both the hand and cord, and in that way convert it into a vertex presentation, and this I succeeded in doing after about fifteen minutes' work. I got the head in good position, but the contractions seemed to be almost wholly confined to the circular fibres of the uterus, and this I tried to correct with Puls., but without avail. At this juncture my patient became very nervous over her condition, and I being an entire stranger to her, suggested that she have the opinion of some one else, so my colleague, Dr. Leech, was called, who assured her that all was in good order now, and we had only to await the action of nature for delivery, which greatly relieved her mind. He recommended Sec.⁰ two drops, in half a tumbler of water, a teaspoonful every fifteen minutes, to correct the contractions, but it did nothing. I then gave her Bell.^{2c} in water, at intervals of fifteen minutes, which seemed to have the desired effect, and the labor progressed slowly till 6 A.M., when the head was well down in the pelvis, but it failed to rotate, and after waiting another hour, the patient's strength being nearly exhausted, I applied the forceps and delivered her of a dead child. The head passed the vulva in the transverse position, I not being able to rotate it with the forceps. On the second day the patient was attacked with sciatic neuralgia and very offensive lochia. The neuralgia was controlled in a few hours by Kali carb.^{2c}, but the lochia resisted all treatment for two

or three days, when she complained of frequent ineffectual urging to stool, and I gave her *Nux*^{2c}, which cleared up the whole trouble in twelve hours' time.

I think we may learn from this case that highly potentized remedies are fully as effectual in dystocia, and even more so, than low potencies and tinctures, and large doses of crude drugs will not compensate for a want of accuracy in the selection of the true similimum; and that all homœopathic physicians who would be eminently successful must study symptomatology, and prescribe according to the principle laid down by Hahnemann, *similia similibus curantur*.

It is well, as Dr. H. N. Martin wisely observed, to diagnose the disease that we may be able to make an intelligent prognosis; but so far as the selection of the remedy is concerned, the pathology of the case amounts to very little. And just here is one of the greatest advantages which homœopathy has over allopathy; the homœopath may mistake his diagnosis, but by prescribing according to the symptoms present, cure the case, but with the allopath mistakes in diagnosis are often fatal, owing to their treating diseases by name, and not by their manifestations. It is the peculiar symptoms of the individual that are important, rather than the general symptoms of pathology.

Dr. Mercer was appointed a committee to select a place for the next meeting in Philadelphia, and to inform the Corresponding Secretary of the result.

On motion, the meeting adjourned to meet in Philadelphia on the first Tuesday in January, 1878.

THE LAW OF THE SIMILARS.

BY ADOLPH LIPPE, M.D.

(Read before the Philadelphia Homœopathic Medical Society.)

A NATURAL law is an established order of the universe. In nature's laws, strictly speaking, there is neither injunction nor precept, nor the possibility of infraction. They are, indeed, generalized facts—causes and effects, some of which are known to all, some only to a few, many, doubtless, have yet to be discovered, but all of which are indissolubly connected each to each. Take the law of gravitation, for example: it neither

commands nor forbids, but simply announces the fact of the earth's attraction, and the consequences which it involves. As physicians, it becomes our duty to pursue an intelligent study of natural laws; that is, of the inexorable succession of causes and effects, that upon them we may found reasonable and wise rules of practice. Natural laws will carry with them the weight of authority, and will exert a powerful influence over our practice, when we have studied their origin and found them to be built upon nothing less firm than the rock of natural law, to overthrow which all the storms of human passion and the united force of human endeavor are equally unavailing.

It is now our object to show that the law of the similars is a law of nature, and that this law has been applied by the founder of our healing art as a guide in practice without a possibility of infraction.

The law of the similars is a law of nature. The knowledge of its existence comes to us without resorting to deep abstractive reasoning; we find this law by soberly looking at every-day observations and experiences. It is the language of nature, ever friendly, leading us like a trusted guide through the labyrinths of life. She teaches us, in a language we all know, how the similar befriends the similar, how the similar spontaneously defines the similar, how the similar cures the similar. The truth-inspired poet sang it, *Homer's Odyssey*, 217, 218; it was taught by the philosophers, by Platon, and, based upon experience, it is spoken of through the vox populi. Similars are apprehended by similars is one of the oldest axioms. Sextus Empiricus describes it as an old dogma held by the ancients, and it is traced to Pythagoras, and one of his followers, Philolaos, is said to have secured its recognition at the time of Socrates. Anaximander, from Miletus, explains the creation, and traces it to an amalgamation of heterogeneous substances, to a separation of the similars from the dissimilars; and the creation of existing things is the result of a reciprocal combination of naturally related objects, because the similar is attracted by and moves towards the similar, and strives a union. Democritus of Abdera said: "The similar only affects the similar, and suffers with the similar, and even dissimilar things, should they affect one another, must have some similarity between themselves, because the passive and operative are in reality of the same nature." Empedocles of Akragas says: "In the same proportion as the dissimilars flee one another, repel one another, do the similars seek one

another, and are attracted one to the other." Aristotle tells us: "If similars affect similars, we perceive finally through this reciprocal action a cessation or annihilation of the original qualities, and generations of a different condition, which really forms the contrariety of the previously existing condition. Wine diminishes the bodily heat through its own inherent heat, and as the more powerful fire extinguishes the less powerful fire, so overpowers and annihilates the more active heat of the wine the heat of the body; and so it is explained that drunkards find their death from the abstraction of the natural bodily heat." (Paraphrast terms this condition "refrigeration.")

History teaches that the law of the similars has guided the thoughtful physicians from the very beginning of medical history; some had an indistinct presentiment, others a distinct knowledge of its existence. History proves that the actual application of the homœopathic principle counts as many days as medicine itself. A presentiment of the principle existed long before light was shed over the mysterious recoveries from sickness. The old Greeks thought to exhaust their conceptions of it in the word "sympathy," and the antidotal power of the similar acting was of such high esteem that Plinius, in astonishment over the results, exclaimed: "Whoever believes that this discovery was accidentally made by men conceives the benevolence of the gods in an ungrateful manner."

The first practical application of the law of the similars was made by the father of medicine, Hippocrates. Before we proceed to illustrate this assertion by quotations from his writings, it is well to first show that the assertion that Hippocrates was guided by the law of the contraries is erroneous, and it is erroneous to ascribe to him the establishment of the indication, "*Contraria contrariis opponenda.*" The allopathic school quote the 22d aphorism of the second book in order to establish the fact that he was advocating the law of the contraries. This aphorism reads thus: "*The sickness which arises from repletion is cured by evacuation, and that which arises from evacuation by repletion. Thus opposites are counteractive of each other.*" When we consider that this great healer always considered it his highest and leading aim "to listen to the laws of nature, and be guided by them in action," it becomes obvious that he by no means associates with this aphorism any therapeutic means; he does not say by what means the healer is to either cure sickness arising from repletion or sickness

arising from evacuation; all he does say is that evacuation will take place and cure when the sickness arises from repletion, and that repletion will take place and cure when sickness arises from evacuation. He states the final internal subjective causes of the healing process; he does not state by what means these healing efforts of nature must or can be produced. Some of his observations and statements of his experience show very clearly that his therapeutics were based on the law of the similars. Aphorism 46, of the second book, reads: "Two painful sensations arising at the same time, though not in the same place, the greater obscures the less." This is in harmony with the 22d paragraph of the *Organon*. In the fifth book of the Aphorisms we find the 17th reads: "Excess of cold induces convulsions, tetanus, petechiæ and febrile rigors;" and the 21st reads: "When tetanus takes place without previous ulcer, in the middle of summer, in those of dull habits, cold effusions serve to recall the absent heat, and thereby terminate the disease." Aphorism 24th reads: "Cold applications, such as snow and ice, are injurious to the breast, producing cough, catarrh, and hæmorrhage;" and Aphorism 23d, "In those instances where hæmorrhage takes place, or is about to take place, the application of cold water is necessary." In Section V, *De internis affectionibus*, we find him say: "Wine (mixed with honey) is recommended in liver diseases, notwithstanding the observation that wine causes atrophy of the liver and spleen." In the same book we find: "If one has drank hastily and frequently of stagnant water, after a long fatiguing march in summer, and becomes dropsical, he will find the most efficacious remedy in drinking heavily of the same water, which causes him to have diarrhœa, and pass an abundance of urine."

In the book *De morbo sacro* (epilepsy), we find this axiom: "Diseases are generally cured by the very thing that caused them." A further explanation of this axiom is given in the book *De locio in homine*, where he says similars cause and cure disease. "That which causes strangury, cough, diarrhœa and vomiting is also able to cure these evils."

These quotations might be multiplied to show that the father of medicine, who so carefully listened to the laws of nature, and who considered experience the highest and deciding tribunal, really was guided by the law of the similars, and by no other law. The fundamental principle of the school promoted by Galen, and governing for over 1500 years all medical schools, was *contraria contrariis curantur*, and it became,

as it were, a self-evident proposition. This axiom could never become a true guide in therapeutics, as to every thinker it must become self-evident that it finds no application in medicine. What are contraries? Surely pain and painlessness are not contraries; painlessness is but a normal condition of health, and pain a normal condition of sickness; therefore pain is only a deviation, not the contrary of painlessness. The same thing can be said of almost all internal diseases, such as inflammations, fever, nervous irritations, functional disturbances of organs and tissues; we surely have no contrary to these often dangerous conditions. This law of cure can only be applied to single, separate symptoms of the complex of manifestations of functional disturbances, for instance, heat against coldness and chills, cooling things against heat, purgatives against constipation, and astringents against diarrhoea. This fallacious law of cure finally led to the abominable polypharmacy of the symptomatic treatment; it was really believed by these scientific men that the combination of drugs, each of which was supposed to affect one of the symptoms contrarily, would, after having gone into the stomach, be sent out, each to his post, and there conquer the enemy. The only reliable law of cure was, and always will be, the law of the similars, and it was left to the genius of Hahnemann to establish this only law by which therapeutics can be governed. Hahnemann showed first that all and every cure ever made was owing to the accidental application of this law, and gave very numerous quotations to prove the correctness of his assertion. When he found by the actual experiment that medicinal substances were able to produce on the human organism symptoms resembling those occurring during sickness, he applied the law of similars by administering such remedies to the sick as he knew had caused similar symptoms on well persons, and by the invariably favorable results following such treatment, he established the law of similars as the only reliable guide in therapeutics. The allopathic school did and does now claim to know the cause of diseases; their diagnosis of diseases was and still is based on a presumptive knowledge of the changed and altered conditions of organs and tissues in disease, and this hypothesis, to them, shows also the cause of the disease. Hahnemann discarded all hypothesis, and this conscientious observer saw in these altered or changed conditions of organs and tissues, *not* the disease itself, and the result of an already previously existing disturbance of the organism, but he observed all subjective and objective symptoms of which the sick complained or

were to him discernible. The supposed cause of the disease forms the basis of allopathic treatment; the totality of all discernible symptoms are to the homœopathist the only basis of therapeutics. It is therefore our aim to find for each individual case of sickness such a similar remedy as we know has caused similar symptoms in the well person. It becomes obvious that we cannot apply the law of the similars successfully if we attempt to first find the so-called pathological condition of the sick by the aid of physiology and pathology. Our knowledge of drug-action and of drug sick-making power is limited to the symptoms observed by the prover, and to draw from these so observed symptoms a deduction similar to that which the allopathic school now draws from the symptoms of the sick, and by the aid of physiology attempt to find changed and altered conditions of organs and tissues on which to base our therapeutics, would make us apply the law of the similars to the hypothesis of a natural disease and a hypothesis of an artificial disease. Neither of them really exist. Natural diseases continuously change; even the same form of a disease exhibits similar but different symptoms in various localities and at various times, and still more varying symptoms in different persons of different ages, temperaments and constitutions. Were we to attempt to apply the law of the similars to diseases as we find them classified to a certain extent in the modern pathology, we would by inference accept this pathology as our basis for therapeutics. If then diseases, so called, even arising from the same presumptive cause, or appearing in the form of an epidemic, always show different symptoms in differently constituted persons, their individuality governing the difference of the symptoms, we can never find their similar if we presume to be able to find the true similar remedy under the provings of drugs by us also classified so as to correspond with the pathological hypothesis. The law of the similars can therefore only be applied by accepting the totality of symptoms observable as the only manifestation of disease to us revealed and comprehensible. We must by necessity drop all hypothesis and apply the law of the similars to the case of sickness by that true and only knowledge we have of it, its discernible symptoms. The law of the similars is applicable to all cases of non-surgical disorders and ailments. Under surgical cases we understand all possible mechanical injuries; they come under the mechanical laws, and the law of the similars becomes of necessity applicable to the results arising from them, applicable to the disturbances of the organism after the

mechanical aid has been rendered, which liability to disturbances increases by means of previous ill-health and various, in the organism latent and slumbering, disorders, and is modified by the individuality of the person. Even in cases of voluntary, involuntary or scientific poisoning, in which we apply chemical antidotes in appreciable and crude doses, the law of the similars prevails.

If the axiom which was proclaimed by the ancients, and has never yet been contradicted by chemistry, be true, that similars attract one another, and contraries repel one another, then by administering a chemical antidote we administer a substance which attracts the poison we wish to destroy, and the process of attraction could not take place did not two similars meet, and having met act one on another according to the chemical laws governing inorganic bodies; did the antidote act under the laws of the contraries, the then two substances, the poison and the supposed antidote, would repel one another, would never be attracted one to another, and the two would not possibly be able to affect one another. After the chemical laws governing inorganic bodies have accomplished the neutralization of the poison, there will at best remain a changed and altered condition of organs and tissues caused by the absorption of very small particles or parts of the poison; these following disturbances are not within the reach of the laws governing inorganic bodies, and a further application of our law of the similars will eventually restore to full health the chemically affected, poisoned organism, by administering to the now remaining dynamic ailment dynamic remedies.

If our proposition, that the axiom that similars attract one another and contraries repel one another, is accepted as a natural law, that law becomes an established order of the universe. When daily experience teaches us that the sick are restored to health by administering to them similars, that is, remedies possessing a similar sick-making power, then the formula we have adopted, "*Similia similibus curantur*," becomes also a natural law, which must then by necessity be beyond the possibility of infraction. This natural law must, by necessity, be applicable in all and every case of non-surgical diseases, or else it could never be a natural law; and if properly applied to all cases of sickness, it proves to be correct and reliable because of its infallibility as a natural law, then no other, but the least of all the law of the contraries, could under any circumstances be substituted for it. The law of the contraries is just the opposite of the law of the similars,

is not possibly competent to take the place of the similars, or be used as a substitute for that natural law governing our therapeutics. It is not possible for both of these axioms to be true; opposites repel one another, and as truth and error as opposites will never attract one another, and can therefore never coexist together, so can the formula, "*Contraria contrariis curantur*," which guides the allopathic school, never coexist with the formula, *Similia similibus curantur*. There will and must forever exist attraction of the similars and repulsion of the opposites, and the two schools of medicine being opposites, that repulsion which is also a natural law governing the opposites, will forever exist and exert its legitimate results up to the time when medical schools return again to the simple and only safe pursuit followed by both Hippocrates and Hahnemann, of listening attentively to nature, and accept it as a duty to be guided by her safe teachings. Then, and not till then, will we cease to hear of propositions to "amalgamate," to attempt to force truth and error to be wedded and harmoniously coexist together; then and not till then will the medical world accept the law of the similars as the only guide in therapeutics, and learn to heal the sick according to an infallible natural law, and that law is the law of the similars, it is "*our law*."

REFLECTIONS UPON OVARIOTOMY.

BY J. H. MARSDEN, A.M., M.D.

ONE of the first inquiries which here presents itself is this: Is the operation a legitimate one? If not, it is unworthy of consideration, and merits only our unqualified condemnation.

Whatever views may now be entertained upon this point, even by a majority of surgeons, we all know that it is, comparatively, but a short time since the operation met with almost universal disapprobation. Nor are there wanting still some who would exclude it from legitimate surgical procedures.

Up till the present moment it must be admitted that the operation is a very formidable one. The mortality is still very great, and the risk to the patient one which should not be taken except as a last resort—a forlorn hope. If any other measures less hazardous to the patient's life will be found to save even an equal number, they should certainly be preferred to ovariectomy.

The question then arises and demands an impartial answer: Is that form of ovarian disease resulting, if unchecked, in cystic or fibro-cystic tumor, curable by means of medication or by any other method less formidable than the knife, and if thus curable in its incipient stage, is it so in the more advanced, when it is generally first detected?

In a very interesting paper read at the last meeting of the Pennsylvania Homeopathic Medical Society, it is strenuously maintained that the disease is curable by medicine, and surgical interference under any circumstances, as I understand it, censured or condemned. Several cases are cited as thus cured, and the novice in medical practice would suppose it no very difficult matter thus to cure them. But it will be observed that these asserted cures are "few and far between," and that the intervening failures are not given. The symptoms of the cases claimed to be cured are also stated so little in detail that, with regard at least to several of them, we can form only a conjecture what their real nature may have been. The remedies, too, employed in the different cases are so diverse that they almost seem to have been selected at random. We should certainly think so, were it not that the narrator and his colleagues to whom he refers, at least most of them, stand pre-eminent as symptomatologists, and may be supposed in that field

"To see the distant tops of thoughts not seen by other men."

Every one of any considerable experience knows how difficult it often is to decide with certainty upon the nature of an abdominal tumor. The first case to which I will have occasion to refer in this paper, when I come to speak of treatment preliminary and subsequent to the operation, will serve to illustrate this point. This lady consulted a number of physicians, some of them eminent, and received about an equal number of diverse opinions. Having her myself more immediately under observation than any one else, I finally settled down into the firm belief, which was very exactly confirmed by the subsequent operation, that her case was one of ovarian cyst, the larger cyst inclosing two or three smaller ones, or other solid bodies, situated near the insertion of the pedicle, very much as the fruit of the ground cherry (*Physalis pubescens*) is contained within the bladder-like pod. Having arrived at this conclusion myself, I referred her to an eminent physician, who has written the best book on diagnosis I know

of in the English language. He told her he had no doubt there was a cyst, and *probably* ovarian. As fluid had to some extent reaccumulated after tapping, this gentleman failed to detect the smaller indigenous bodies, for they could be felt only when the cyst was first emptied. Even the surgeon, who was an eminent ovariectomist, declined to operate, until I assured him that the patient, with a perfect understanding of its perils, desired it, and that we would hold him to no further responsibility than for the careful performance of the operation. He retained his uncertainty up to the last moment, and only consented to make an exploratory incision, and then "do what he should think best for the patient."

This case, too, affords a good illustration of what we may expect regarding the curability of the disease when it has advanced so far as to be detected or even suspected. She detailed her case very particularly to the late Dr. C. D. Meigs, who treated her with fatherly kindness, and prescribed Digitalin, which was ultimately suspended on account of the increasing slowness of the pulse. She took Chlorate of potash according to the advice of the diagnostician referred to above; also Corrosive sublimate in minute doses advised by the same. She took *Apocynum cannabinense* until it produced coryza, to which she was never subject. I treated her, as I supposed homœopathically, according to the light given to me, for several years, and she had the prescriptions of two of the greater lights of homœopathy, and all this was about alike availing, that is, of no avail at all. Thus much I believe homœopathy accomplished for her—it often palliated her symptoms as they arose and consumed her strength, which would have run down had she been subjected to allopathic treatment during the eight years of her suffering. Indeed, the diagnostician to whom reference is made above marvelled at her activity, said he had never met with a similar case. Such he had always found bedridden or confined to their rooms.

I would not be understood, however, to disbelieve the probability of cure by means of medicine, if the treatment were commenced at or near the moment when the first derangement of vital function takes place, be that local or general. It is probably for the most part the former, it may be sometimes the latter. But unfortunately, the disease is seldom detected or even suspected so early as this. On the contrary, it is generally some considerable enlargement that first arrests the attention of the patient and leads her to seek advice. By

this time vessels are formed that serve as feeders to the abnormal growth. The general circulation is, as it were, *tapped* at this point, and every impulse of the heart sends a portion of arterial blood in this new direction. Where arterial blood is conveyed, nutrient matter is carried, and growth, to an indefinite extent, is the result. Is it then probable that when a vessel of considerable size is formed to support this abnormal growth, that medication will so diminish its calibre as to arrest the circulation in that direction, and if this vicious circulation goes on, must not the growth continue?

I think it possible, moreover, that cures may take place spontaneously, although this probably very seldom happens. Suppose, for instance, the tumor, as it increases in size, to be compelled by pressure to act upon and close the feeding vessel, and thus cast off its own supply. Growth in such a case would be arrested, and if adhesion of the sides of the vessel would cause the arrest to be permanent, resorption might take place with at least diminution of size, if not entire obliteration of the tumor.

Certain it is, whatever theory we may hold as to the curability of ovarian tumors by means of medicinal agents, they seldom are thus cured. And if so fortunate a result be seldom reached, I ask what shall we do with those cases, as yet by far the majority, which refuse to be cured by any therapeutic means we can devise? Shall we give them over to die? They have the alternative of *certain* death; perhaps a lingering death on the one side, and I hope a yearly increasing chance of life on the other. They must submit to "mutilation," it is true, but that mutilation consists for the most part in the removal of an organ already functionally destroyed by disease. We are often so circumstanced in this life that the best we can do is to choose between two evils, and happy for us if we are vouchsafed the wisdom always to choose the less.

I have great confidence in the future development of the remedial power of drugs. We should not, therefore, abandon our attempts to treat this formidable disease, but seek to treat it early, and especially should we expend our best efforts upon those cases where timidity prevents a resort to an operation, or where from the nature of the case it lies beyond its resources. On the other hand, let me say, although I may differ in opinion from many I respect, I think it is equally our duty, at least for the present, to encourage and seek to improve that

harsher means which has undoubtedly been of late resorted to to the saving of many lives, and with increasing success.

Assuming then the legitimacy of ovariectomy as a surgical procedure, it will be our object to consider whether anything can be done to increase its success, or, if you prefer, to diminish its mortality, first by a judicious preliminary and after treatment, and secondly by an improvement in the operation itself.

The causes of the mortality succeeding ovariectomy have been, generally considered, principally the following, viz.: Peritonitis, septicæmia and hæmorrhage. I have named them in the supposed order of their frequency, not of their occurrence in reference to time. Any measures calculated to antidote their effects, generally speaking, must tend to diminish mortality.

It cannot, I think, be doubted that the better our condition of health, the more vigorously and perfectly the vital functions are performed, the more successfully can we withstand the effects of the morbid and lethal agents to which we are exposed. Hence it is proper, when we have a patient awaiting this formidable operation, to inquire carefully, nay scrutinizingly, into the state of her health. Not only should we ascertain any aberrations from the normal standard, arising from the mechanical effects of the tumor and its drain upon the system, but even diseased conditions having no direct dependence upon these. For the relief of mechanical pressure when excessive, if the tumor be of the cystic or fibro-cystic character, we may resort to tapping very carefully performed. The relief afforded, always but temporary, will be more or less complete, according as the tumor may be monocystic or polycystic, or if a portion be solid, according as this latter may or may not predominate in size over the cystic. Other ailments, however, independent of the tumor, require no less attention, and here our guiding star in treatment must be "*Similia similibus curantur.*" The mental condition of the patient is also to be regarded, and here let me add, nothing so effectually sustains as the inspiration of religious hope.

But have we not remedies which by their *antidotal* power tend to ward off the disasters arising from the proximate causes which we have just enumerated above? Peritonitis has been stated as the most frequent immediate cause of death. If this lesion be found in most fatal cases, I apprehend it can hardly be said with certainty that it is traumatic peritonitis. It is, I believe, now well established that the peritoneum is

not so recalcitrant to harsh usage as it was formerly supposed to be. On the contrary, it seems extremely probable that in many cases where a post-mortem examination reveals a pre-existing peritonitis, it was simply a local manifestation of a septicæmic blood-poisoning. If this view be correct, it will follow that by far the largest portion of deaths succeeding ovariectomy are to be charged to the account of septicæmia. The immediate cause of this, it need hardly be said, will be found in the decomposition of blood and other substances within the peritoneal cavity and between the lips of the wound. If we can then by any course of medication forestall and prevent septicæmia from the cause just stated, or induce any other, we shall do much toward lessening the fatality of ovariectomy.

From the fact which seems, I think, pretty well established, that *Arnica*, in obstetrical practice, when properly given, is very seldom followed by toxæmic puerperal disease, and that that agent seems to have almost wiped out the long-known "milk fever," probably of septicæmic origin, the conclusion seems reasonable that this medicine is antidotal to blood-poisoning arising from putrid animal matter. I beg leave, therefore, to detail two cases as briefly as I can which fell entirely under my own observation, in which this remedy was employed with a view to the result to which I have just referred.

Mrs. M., a lady of delicate constitution and rather precarious health, had noticed an enlargement in the lower abdominal region, in the autumn of 1862, which gradually increased until the following spring, when distension became so great as to require tapping for her relief, which was repeated at intervals until the operation had been performed, in all, twenty-eight times. In the autumn of 1870, when she was already in her fifty-eighth year, she was operated upon by Dr. John L. Atlee. It was the practice of that gentleman to order immediately after operation a large dose of opium; but as I assured him this patient would not tolerate the drug, as it always caused in her case distressing nausea and vomiting, he dispensed with the prescription. *Arnica* in alternation with *Aconite* was immediately given and continued for some time. The object of the *Aconite* was to prevent excessive reaction, which might give rise to secondary hæmorrhage. It should be remarked that within a few days afterwards *Ars. a.* was also given to meet some supposed indication, which remedy had been likewise given before the operation. This case recovered with-

out an untoward symptom, the temperature at no time rising to any considerable extent above the normal, and the pulse maintaining nearly its usual frequency and strength throughout convalescence. In about six weeks from the time of operation she rode sixteen miles continuously in a carriage without apparent injury.

This case was originally a monocyst—later in its history the small indigenous cysts to which I have referred, and which were found to contain a thick and very albuminous fluid or semifluid, were formed. The cyst with its contents, which were mainly lost during the operation, would have weighed something less than 15 lbs. There were no adhesions excepting a slight one to the abdominal wall on the right side and an equally slight one to the omentum.

CASE 2.—Mrs. B., just entered upon her twenty-ninth year at the time of operation, had been married perhaps seven years, had one child born within the first year of her marriage—none since, and no miscarriage. Some time, perhaps in 1875, she noticed an enlargement in the right ovarian region, which increased in size rather rapidly till it pressed upon the liver, forced outward the ribs and bent the ensiform cartilage into the form of a hook. She had been told that she must necessarily die, that nothing could be done for her relief on account of the supposed adhesions of the tumor. I saw her in May last (1877), when I made a careful examination of her case and expressed to her my belief that her chance of recovery through an operation would be a pretty fair one, and after stating to her its perils, which she was to weigh against certain death, as I thought on the other hand, I left her, without persuasion, to take her choice. In the meanwhile I gave her *Apis mellifica*, which at first increased the flow of urine, but afterwards, as she said, diminished it, but left the tumor unchanged in size. As she was suffering much from distension, I tapped her and drew off twelve or thirteen quarts of an albuminous fluid resembling in color strong coffee. A portion caught in a vial turned into a solid mass upon adding Carbolic acid. The right side of the abdomen was still occupied by what seemed to be a solid mass. I did not examine this by any of the modern means of exploration.

I was again requested to tap her early in September. The quantity of fluid withdrawn was about the same as before, and color not much different. By this time she had decided upon an operation for the radical cure of her complaint or the loss of her life, and requested me to make the necessary arrangements.

The 12th of December last was fixed upon as the day for the operation. For a few days previous to this I had given her Arnica thrice daily, five drops 1st dec. per dose. On the day above designated the operation was most dexterously performed by Dr. Malcolm Macfarlan, of Philadelphia, in the presence of Dr. William H. Cooke, of Carlisle, a younger brother of the operating surgeon, and the writer of this article. Various adhesions were encountered, one of which, to the omentum, was extensive, and I feared portended evil from the probability of its giving rise to trouble from the continued oozing of blood after the closing of the incision. Indeed, there had been very considerable hæmorrhage during the course of the operation.

Immediately after the patient was put to bed I dropped eight or ten drops of strong Tincture of arnica into a tumbler two-thirds full of water and ordered a teaspoonful every two hours, which was continued for several days.

This patient rallied beautifully, and has convalesced up to the present writing, nearly six weeks from the operation, without a single untoward symptom; has suffered no pain, nor shown any signs of septicæmia in the slightest degree. Her only complaint, if she made any, was of the insufficiency of the food allowed her to satisfy her appetite.

An unfavorable circumstance in this case, in addition to what I have mentioned, is the fact that her family seem to have a scrofulous taint, as manifested in the proneness of her father to phlegmonous erysipelas following slight wounds, and one of her brothers having been the subject of hip-joint disease. While I cheerfully attributed this remarkable success mainly to what I deem the excellence of the operation, I cannot but think that the immunity from septicæmic symptoms, even in the slightest degree, may be owing, in part at least, to the prophylactic virtues of Arnica.

Besides Arnica, we have other medicines which may be available, and sometimes even preferable to the one just dwelt upon. Under this head we may particularly name *Ars. alb.*, Creosote and Baptisia, although I think the latter rather antidotes blood-poisoning arising from vegetable matter.

When excessive reaction is apprehended, threatening secondary hæmorrhage, or the oozing from small vessels, *Aconite* or *Veratrum viride* may do good by controlling the action of the heart.

Before closing this paper I would gladly extend my reflections to the operation itself, with a view to offering suggestions which I fondly hope might contribute somewhat to ren-

dering it more successful. But here, I fear, as I am not a practical operator, I may be met with the rebuke referred to by Horace, I believe, which the shoemaker received from the painter who had requested him to give his opinion as to the painting of the slipper, but who, not satisfied with this, proceeded to criticize other parts of the work: "*Nil ultra crepidam.*"

At the risk, however, of being thought meddlesome, I will venture a remark or two (and time and space will allow no more), for which I ask nothing more than their fairly estimated value, however low that may be.

The point in the operation of ovariectomy at which there has ever been the greatest divergence of opinion, and consequently diversity of practice, is the disposal of the pedicle. All agree that the principal object sought is to prevent hæmorrhage and suppurative discharge from the stump within the peritoneal cavity. There is, however, considerable difference of opinion as to the expedients by which this object is best attained. Nor has the result of experience as yet decided this question, at least to the satisfaction of all. In this country, and perhaps also in England, most prominent operators use the clamp, by which the pedicle is secured *external* to the abdominal cavity. Others transfix it with pins, and thus retain it between the lips of the wound. Others again, and among them men of great eminence and success, adopt measures to prevent hæmorrhage and leave the stump within. Of these latter, some, as Dr. Clay, of Manchester, bring the ends of the ligatures employed through the lower angle of the wound, leaving them to come away by a gradual process of detachment, while others ligate, cut the ligatures short, sever the pedicle near the point of ligation, drop back the stump into the abdominal cavity, and completely close the incision in its whole extent, or leave but a small opening in suspicious cases for drainage. Torsion of the vessels has also been resorted to for the prevention of hæmorrhage. Baker Brown has lately practiced amputation of the tumor by the actual cautery, and for this practice claims a success perhaps unequalled by any other method, namely, twenty-nine cases in thirty-two operations.

Our space will not allow us, even though it should not be regarded as presumptuous should we do so, to review at length the advantages and disadvantages of these different methods. Suffice it to say that common sense would decide in favor of any plan by which immunity from hæmorrhage and internal sloughing and discharge could be secured, and at the same

time allowing the wound to be at once closed throughout its whole extent. The methods just adverted to admitting of this are, at least at first view, open to objection on account of their apparent insecurity. Torsion, for instance, seems hardly reliable as a hæmostatic measure, especially if the vessels be large or violent reaction take place. Ligating and cutting the ends of the ligatures short is liable to the objection that through the shrinkage of the pedicle the ligature may slip too soon, or on the other hand cause a slough which may serve as a source of septicæmic poisoning. I know this latter has been denied, but then again it has been admitted that sloughs have actually been formed. When the ends of the ligatures are brought out of the wound a sinus is thus for some time left open, leading into the abdominal cavity, which by change of the patient's position may admit air, and thus, under the circumstances, be productive of mischief.

The writer of this article, some years ago, proposed a method of treating the pedicle, which was published in the *Hahnemannian*, and transferred to the pages of the *Annual Record*, with as much kind approbation as he had any right to expect, but he is not aware that it has yet been tried in practice. It is only because, through the brilliant success of our surgeons, such as in one of the cases I have just now related, that the operation is likely to become more frequent and popular with us, that I venture to restate the substance of what I had before written out in detail. The method consists in severing the pedicle, not by a straight transverse section, but by two curvilinear incisions, starting at a central point in its transverse diameter, and carried in both directions to its margin, thus forming two flaps resembling those produced in the flap operation for the amputation of the thigh. It is manifest that when these flaps are approximated, the cut surfaces will be opposed the one to the other, the stump terminating in a point, and its whole external surface will be found covered with its natural investing membrane. The flaps should be approximated and secured by sutures of catgut not too thick, and not drawn too tightly. These sutures may be inserted before the pedicle is severed, and can then be adjusted somewhat in accommodation to the situation of the bloodvessels, which at least in some, perhaps many instances, may be seen through the semi-transparent tissues of the pedicle. The separation may be effected by a single stroke on each side, by means of scissors curved upon their flat surface.

I know not what objections in *practice* might justly be

found to lie against this method. The strongest one I have heard stated is, that it leaves the discharges from the pedicle to accumulate *within* the abdominal cavity. The same objection would lie against all other methods leaving the stump within, unless we except Dr. Clay's. The truth probably would be found to be, that under proper management there would be no appreciable discharge. If the ligatures were so applied as to produce no unnecessary strangulation, the approximated surfaces would probably cohere and remain so till the whole mass, as foreign to the economy, would be absorbed, or at least greatly diminished in size.

In conclusion, it cannot be questioned that it is our solemn duty to investigate every method proposed promising an increase of success, no matter from what source it may emanate. Its merit alone should command consideration, whether its author occupies a position of eminence, or labors in obscurity, as did Gaspard, in a retired village or rural district. While we would give to "authority" its due weight, an overweening deference to its dictates has ever been one of the greatest checks to progress in the medical profession, and, I may add, the disregard of important, simple truths, because opposed by predominating influence, has been the source of the greatest losses. "Search and look; for out of Galilee ariseth no prophet; and every man went unto his own house," probably dismissing for the present, if not forever, all further research into the claims of Christ to the Messiahship of the world.

FURTHER OBSERVATIONS ON THE ACTION OF COCA.

BY E. M. HALE, M.D., CHICAGO.

IN the September number of this journal I ventured some suggestions relating to the physiological action of Coca, referring to the experiments of Dr. Paul Bert which proved that the "want of breath" caused by ascending heights was caused by a deficiency of oxygen in the atmosphere. I then suggested that Coca relieved this "want of breath" by possessing "some inherent medical power of imparting to the lungs greater power of collecting oxygen." I also stated that "one of the most prominent primary effects of Coca is to quiet and slow the heart's action, and also to decrease the number of inspirations and *increase* their depth. In doing this Coca increases the amount of oxygen in the blood by enabling the lungs to absorb a larger amount, while at the same time it decreases the waste of oxygen in the system at large."

I based this theory upon the teachings of physiology, and

particularly upon some experiments of Dr. Austin Flint, Jr., made in 1861, which seemed to prove that the sense of "want of air" was due to a *general* deficiency of oxygen in the body. Later experiments by Dr. Flint seem to prove that the sense of "want of air" is due to a deficient supply of oxygen to the respiratory centre in the medulla.

These experiments, published in the November number of the *New York Medical Journal*, seem to show conclusively, says Dr. Flint, that "the sense of want of air is due to a deficiency of oxygenated blood in the medulla oblongata; and that this sense is satisfied by the circulation of such blood in the respiratory nervous centre."

Now in the light of these latest experiments, we can further explain the action of Coca. While Coca quiets the excited heart, excited by the want of oxygen in the atmosphere, it also increases the vascular tension. The *action* of the heart may be excessive, while at the same time the arterial tension is below normal. By causing the heart to beat with greater *force* it enables it to throw an increased amount of blood to the medulla, and this increase of blood implies an increase of oxygen in the vessels of the medulla.

But Coca relieves "want of breath" when not due to high altitude. This proves that it relieves by supplying the medulla with more oxygen by supplying it with more blood.

I have now a patient who has a weak, irritable heart. She complained constantly of "want of air," and wanted to be in the open air all the time. Under the action of the infusion of Coca leaves (3j to a half pint of water, three times a day), the "want of breath" has been greatly relieved, and she can walk fast, go upstairs, and exercise generally with more comfort than she has done for years.

I have also ascertained that Coca is of value in the "want of breath" of those who use tobacco to excess. It is well known that in certain athletic sports this "want of breath" is felt as the greatest need to enable the players to win the game. In a recent English journal—I cannot find the reference—it is stated that "one side" of players at cricket, I believe, adopted the plan of chewing Coca leaves while playing, and it was observed that when the "other side" had become "blown"—*i. e.*, suffered from want of breath—the Coca chewers were apparently as fresh as when they first entered the field.

All these facts go to show that there is a wide field for the judicious use of Coca, both as a palliative and curative agent in the treatment of disease.

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MEDICINAL FORCES AS A DISTINCT CLASS IN NATURE.

A Paper presented at the late meeting of the American Association for the Advancement of Science, at Nashville, and declined by the Publishing Committee as "not appropriate."

BY J. P. DAKE, A.M., M.D., NASHVILLE, TENN.

IT was presented there under a belief that "Section A" of the Association, having as the special objects for its consideration, "Mathematics, Astronomy, *Physics*, *Chemistry* and *Mineralogy*," could very properly discuss the question, whether the phenomena of medicinal action belong to the departments of chemical and physical forces, as generally claimed, or to a class of forces having a distinct field and principles peculiarly their own.

It seemed to me the consideration of the question proposed, challenging the claims of chemistry and physics, and demanding the recognition of a new class of forces, was a work peculiarly *appropriate* in an association occupying the high grounds of science, above the dust and heats of the medical arena.

For the positions assumed in my paper I courted the impartial and thorough criticisms of that learned body. Too long have the retorts and reagents of chemistry been allowed to work out conclusions regarding the actions and uses of drugs and the methods of the healing art.

Till finer distinctions are made, and the forces actuating and laws governing the articles of *Materia Medica* are recognized and properly studied in the human body, while it is alive and not otherwise made sick, very little science will be found in special therapeutics.

While the philosophical world is striving to trace all forces

to central stocks—to show the unity of things—their persistence and correlation—it cannot afford to ignore individual divergences at the periphery, where potential forces become actual, and their phenomena are most readily scanned and classified. Especially is such the case where the principles of science are expected to furnish the rules of the greatest of all human arts.

To those who have been familiar with the writings of Hahnemann it is nothing new to claim *medicinal forces* for medicines, and *medicinal laws* for medicinal forces.

But the subject has been mystified and transcendentalized till the recognized methods of science have failed to direct the work of experimentation with medicines to any great extent.

Dynamism, shadowy, shapeless, intangible and inappreciable, has seemed to absolve some minds from obedience to all the laws of matter, while yet attempting to deal with material things for material purposes.

Some, who strive to teach and lead their brethren, have yet to learn that the most scrupulous attention to things of secondary importance, in pharmacy and posology, may not atone for carelessness in the gathering of data, upon the genuineness and purity of which all must depend, in medical philosophy, as well as medical art.

But here is the paper :

A piece of iron drawing to itself needles and iron filings is called a magnet; and the power causing the needles and filings to move is called *magnetic force*.

A rod of iron connecting and holding two parts of a machine in proper position is a mechanical device; and the power in exercise is called *mechanical* or *physical force*.

A piece of iron reduced to chips and placed in a glass retort with dilute sulphuric acid soon fills a receiver with hydrogen gas. The iron is a chemical agent, and the power generating the hydrogen is a *chemical force*.

A piece of iron filed and ground into impalpable powder, taken upon the tongue and swallowed by a person in good health, gives rise to gastric discomfort, unpleasant eructations, a sensation of fulness, aching and throbbing in the head, that is made worse by stooping, nausea, great languor, debility, faintness, etc. The iron so used is a medicine; and the power disturbing the comfort and impairing the health of the person is—*what?*

Dr. Pereira, in his *Materia Medica*,* says: "Bodies act on each other in one or more of three ways, viz., *physically*, by their weight, cohesion, external form, motion, etc.; *chemically*, by their mutual affinities; and *dynamically*, by agencies which are neither physical nor chemical merely. Hence we may examine the agencies of medicines under the three heads of physical, chemical and dynamical."

A proper consideration of the phenomena characteristic of physical or mechanical forces will scarcely allow us to say *a physical force*, in reply to the inquiry made.

It cannot be the *weight, cohesion nor external form* of the iron particles occasioning all the discomfort and disturbed health experienced.

And the principles of chemistry utterly fail to explain how iron, in any form, can possibly give rise to such morbid symptoms.

It might be said, as it already has been, that the "unpleasant eructations" are the result of chemical action, the iron taking oxygen from the liquids in the stomach, and so setting hydrogen free. But neither that action, nor any other that may occur under the known laws of chemistry, can account for the "fulness, aching and throbbing in the head, etc."

To say that the iron was acting dynamically, that the actual force was *dynamic*, while in a manner true, is too indefinite to amount to an answer, and very far short of a scientific explanation. Dynamic, from the Greek *δυναμις*—force, power,—formerly used in designating the movements of large bodies or mechanical machines, is now applied also to the causes of actions and movements not yet known or referred to any recognized class of chemical or physical powers. To say, then, that the influence displayed in the human organism by the comminuted iron filings is *dynamic*, is simply a confession of ignorance.

But a later and leading writer on the action of medicine† says: "The most plausible explanations of the mode of operation of medicines have been founded on vital or general principles."

Viewing the field of medicinal operation, and with due regard for the governing power in the living organism, it may be proper to say that the phenomena or symptoms attributed to the iron are vital; but when that qualifying term is carried away from living tissues, and applied to a force resident in

* Third American edition, vol. i, p. 137.

† Headland, On the Action of Medicine, Fourth London edition, p. 51.

the iron, itself having none of the attributes of vitality, there is a palpable error of definition, and a departure from scientific precision.

The *potential* power of iron in none of the varied relations of that metal can be designated as vital; and even its *actual* power, when exerted in the human organism through its material particles most finely reduced by mechanical or chemical means, is no more a *vital force* than is the destructive power of an iron nail thrust into the human hand. If because iron, in a particular form, gives rise to certain changes in the living organism, its active drug principle is to be called vital, then much more so must food and raiment, and whatever else displays a power to alter the states of comfort and health in man, be regarded as endowed with *vital force*.

And pursuing the same line, we may be compelled to accord vital force to every object and agency in anywise causatively related to the living animal organism.

What, then, I ask, is the designation *vital* worth, when applied to the power of iron acting as a medicine?

Dr. Headland has said very truly: "It is impossible to overrate the importance of exact precision of language and thoughts in scientific details, and in the deduction of conclusions from them."

And the same distinguished writer, in a survey of the state of knowledge relating to medicines, existing throughout the world at the time of his writing (1866), said: "It must be confessed that in the understanding of the action of medicines and of their agency in the cure of diseases, we do not so much excel our ancestors. While other sciences are moving, and other inquiries progressing fast, this subject, so momentous in its applications, has, in spite of the earnest labors of a few able investigators, made after all but small progress."

After this honest and truthful statement of the comparative deficiency and backwardness of medical philosophy, and the evident failure of all medical teachers to answer the inquiry as to the precise name and nature of the force displayed by iron in its operations in the living human organism, it is evident that a new starting-point must be taken, and more direct roads pursued in the cultivation of the science of medicine.

Leaving the dim shadows of superstition and the rambling ways of conjecture, we must survey the drifts of observation and experience, as manifested in accumulated medical facts, in the light and by the methods recognized in other departments

of science, ready to accept all principles and all teachings legitimately deduced therefrom.

If the starting-point assumed and established be *medical forces as a distinct class in nature*, and if the roads pursued thence be for the proper investigation of the *laws governing their development, modes of action and uses*, the end reached must be the true medical philosophy, and the only real science and art of therapeutics.

And the therapeutics thus arrived at would not be described as that now in vogue has been by an eminent medical author, who says: "Therapeutics must be understood to embrace all that relates to the application of remedies to the cure of disease. The science must be distinguished from the practice of therapeutics. The latter may be *empirical*, or rely upon experience only; but the science must have for its very foundation some knowledge of the *modus operandi* of medicines."

The true science of therapeutics should not thus be distinguished from the practice of therapeutics, any more than the science of optics should be distinguished from practical optics, or the science of chemistry from chemical art.

Among learned men it is universally admitted "that a new force may be assumed in science, whenever groups of phenomena are inexplicable by any known forces."

I now submit, if the groups of phenomena or effects following the medicinal use of iron, as already detailed, have been explained or are explicable by any known chemical, physical, dynamic or vital forces?

Not at all; and I am therefore logically impelled, and shall not hesitate to assume a new class of forces potential in nature and actual in art, under the distinctive title

MEDICINAL FORCES.

It has been said by a distinguished scientist and author: "The doctrine of the correlation of the physical forces has been generally adopted, and whatever theory is employed to explain the phenomena of one must be applicable to the others." Now the accepted method for the study of a force has been to approach it through the phenomena of its own action. Therein only can its existence become known, its peculiarities be traced, its powers measured and its uses determined. The presence of electricity cannot be detected in the crucible nor by the blowpipe, nor can its development and uses be governed by the principles of geology.

So each force in the wide domain of nature, wherever discovered, and however related to others, must be recognized in *its own field*, be studied in *its own phenomena*, and employed in obedience to *its own laws*.

QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

AT the last December meeting of this Association there were present: Drs. Swift, Boyce, Wells, Nash, Wallace, Warren, Hinman, Hawley, Chaffee, Deuel, Seward, Garrison, Southwick, J. G. Bigelow, Parsell, Marks, Benson, Brewster, Gwynn, Sullivan, Martin, Kinne, Nottingham, F. Bigelow and Miller.

The Secretary made the following verbal corrections of his previous report, as published in the November number of the *Hahnemannian Monthly*. On page 197, instead of "the old man of the mountain," read "*the old man of the sea*." This was the one whose hash was so effectually settled by Sinbad the sailor as a warning to all professional nuisances. And on page 202, instead of "Nitric and Sulphuric (acids) in stomachache," read stomatitis, or aphthous mouth, as was intended.

The Secretary read letters from Drs. T. D. Stow and T. M. Strong, who were formerly active and efficient members of this organization.

The Society then resolved itself into a committee of the whole to receive and consider Dr. Wells's report on Middletown Asylum affairs.

By request, the Secretary then read the following paper:

THE ALKALIES.

BY H. V. MILLER, M.D.

The alkalies include the salts of soda, potash, ammonia and lithia. In general their curative sphere is well indicated by their pathogeneses as contained in Allen's *Encyclopedia*.

I. THE SALTS OF SODA.

1. *Natrum carb.*

This drug acts chiefly upon the cerebrum, the mucous membranes and the heart.

The following is a summary of its salient points:

Mind.—Intolerable melancholy and apprehension; depression; great despondency.

Head.—Headache from exposure to the sun or to gaslight.

Nose.—Fluent coryza; much nasal mucus passes through the mouth; inflammation of the external nose.

Throat.—Violent hawking up of thick mucus that constantly reaccumulates.

Stomach.—Weak and easily disordered. Useful in weakness of the stomach, with great discomfort from slight dietetic errors. This is one of Hahnemann's characteristics.

Stool.—Watery, forcible, spirting (*Croton tig.*); aggravation after taking milk.

Sexual Organs.—Soreness between scrotum and thighs (*Baryta*, *Hepar*, *Lycop.*, *Nat. mur.*, *Petrol.*, *Rhus tox.*, *Silicia* and *Sulphur*).

Heart.—Palpitation on going upstairs; when lying on left side (*Natrum mur.*).

2. *Natrum muriaticum.*

The chloride of sodium has a marked affinity for the mucous membranes, the digestive organs, the skin, the glandular system, etc.

During the past three years I have often found occasion to prescribe this valuable remedy, which I highly prize. The following are its most salient points:

Great melancholy, sadness and weeping mood without apparent cause, particularly in menstrual and dyspeptic complaints; frontal headache, commencing or worse in the morning on awakening, or on moving the head or eyes, as in *Bryonia*, from mental exertion and warmth—better from sitting still or lying down, and from sweat; headache from sunrise to sunset, etc.; cough, with headache in the frontal region as if it would split; muscular asthenopia, with stiffness in the orbicular muscles when moving them, aching in the eyes when looking intently and the stitches running together when sewing (compare *Ruta*); catarrh of the air-passages, with sensation of dryness

in the mouth and throat, and discharge of transparent mucus tasting salty; functional or organic disease of the heart, with inability to lie on the left side on account of pain and palpitation of the heart, etc. When this remedy is indicated in any disease, some of these symptoms will be found to exist, *e. g.*, in dyspepsia, hepatic derangement, spinal irritation, nasal and bronchial catarrh and affections of the genito-urinary system.

Superficial dryness is a marked symptom of this remedy. It has dryness of the lips, mouth, tongue, posterior nares, larynx and vagina; and it has dryness and cracking of the skin around the finger-nails, constituting hangnails (*Rhus tox.*, Sulphur). It also has great thirst.

In intermittent fever the chill begins in the feet or small of the back, with bursting headache, thirst, nausea, vomiting and blue nails. Then follows heat, with increased thirst and headache. The sweat relieves the headache and other pains. According to Guernsey there is no thirst during the hot stage.

In various complaints there is a remarkable morning aggravation. The headache commences, or is worse, on waking in the morning. In nasal catarrh there is hawking of mucus and spasms of sneezing in the morning. In bronchitis the expectoration occurs chiefly at that time. In intermittent fever the chill usually begins at 10 A.M., and in prolapsus uteri there is a morning aggravation. But the unquenchable thirst is worse evenings, and there is canine hunger for supper.

3. *Natrum sulph.*

Grauvogl used Glauber's salts as almost a specific for the hydrogenoid constitution in which the patients are hydræmic, usually having a gonorrhœal taint (*Thuja*).

Mind.—Sadness; inclined to weep; lively music disposes to weeping (*Thuja*, *Kreasote*).

Nose.—Catarrh of posterior nares.

Abdomen.—Flatulence. Inflammation of lower end of ileum.

Stool.—Chronic morning diarrhœa after rising, passing large quantities of fetid flatus; yellow, liquid stools.

Extremities.—Panaritium (*Hep.*, *Sil.*, etc.). Tendency to run-round. Suppuration at the root of the nails.

4. *Comparison of the Salts of Soda.*

The three principal salts of soda are characterized by melancholy, sadness and weeping mood; by catarrh of the posterior nares, with accumulation of mucus in the morning; by great thirst, flatulence, dyspepsia and watery diarrhœa, and by copious micturition and sexual irritation.

In the carb. music causes trembling—in the sulph. lively music causes weeping. Both the mur. and sulph. have moist eczema on the skin and between the scrotum and the thigh. In the mur. the exudation is acrid—in the sulph. it is watery. And both the carb. and the mur. have anxious palpitation of the heart on going upstairs and when lying down, but in the carb. the palpitation is violent. The mur. is by far the most important remedy among the salts of soda.

II. THE SALTS OF POTASH.

1. *Kali bichromicum.*

The curative sphere of this great polychrest is very well represented by the pathogenesis. It has ulceration of the cartilage of the septum narium, of the soft palate, the uvula, the tonsils and the pharynx. And it is often indicated in chronic catarrh and in syphilitic ulceration of these parts, corresponding to its pathogenetic effects; in catarrhal affections of the larynx and bronchia and of the digestive system; in neuralgia of the supraorbital and left sciatic nerves; in muscular and in arthritic rheumatism and in measly and other eruptions of the skin. It is also adapted to complaints following rheumatism, *e. g.*, gastralgia, diarrhœa and dysentery; to affections coming on in warm or hot weather, better in cold weather, *e. g.*, prolapsus uteri, dysentery and scabby cutaneous eruptions, and in general to complaints of fat, light-haired and fat chubby children. The rheumatic pains are periodical and wandering. Besides the muscles, they affect the joints of the upper and lower extremities, except the feet and ankles.

The discharges from the mucous membranes are tough, ropy and white or yellowish.

There is a morning aggravation of the headache, nausea, cough and croup, and the catarrhal expectoration occurs in the morning.

Head.—Frontal headache often over one eye.

In the morning, when waking, pain in forehead and vertex; later extending to occiput.

Complete blindness, followed by violent headache, compelling to lie down, with great aversion to light and noise; the sight returns with the increasing headache.

Periodical attacks of unilateral headache on small spots (cutaneous nerves affected)—*Nux mosch.*, *Psorinum*, *Sanguinaria*).

Eyes.—Scrofulous inflammation or ulcerative keratitis, with stringy discharge and little or no photophobia and redness (*Kali carb.* has much photophobia).

Nose.—In nasal catarrh it is characterized by great dryness of the nose (*Sticta*), with a feeling of pressure in the nasal bones or pressure at the root of the nose. *Zincum* has pressure at the root of the nose as a concomitant in ophthalmic and cerebral affections. The bichromate has discharge of hard plugs or tough, stringy mucus from the nose.

Mouth.—Tongue red, smooth, dry and cracked in dysentery; broad or with scalloped edges (*Hydrastis*, *Merc.*, *Rhus*).

Swelling of the parotid glands. The carb. has swelling of the cervical glands. Mumps on right side.

Throat.—Inflammation of the fauces and pharynx, which are red and smooth. Hawking of tenacious mucus in the morning. The carb. also has tenacious mucus in the fauces and posterior of pharynx in the morning, difficult to hawk up, with sensation of a lump.

Pharynx and Larynx.—Diphtheria extending to the throat and bronchi and into the nasal passages; tough, stringy discharge from nares and throat; croupy cough; yellowish diphtheritic deposits; putrid odor; much ulceration; mucus streaked with blood.

Membranous croup, with hoarseness and inflamed fauces; in breathing the air sounds as if passing through a metallic tube; onset insidious; worse early in the morning; fat, light-haired children.

In croup or diphtheria, when there are deep-eating ulcers in the throat; red, raw and shining tongue; tough, stringy discharge from nares and throat; swelling of parotid glands and measles-like eruption.

In whooping-cough, with tough, stringy discharge.

Stomach.—Dyspepsia. After eating the food lies in the stomach like a heavy weight. Pressure and heaviness in the stomach immediately after eating. *Bismuth* has same pressure. Nausea in the morning. The gastric symptoms supersede the rheumatic symptoms.

Stool.—Constipation, with painful retraction (*Plumbum*).

Periodical dysentery every year in the early part of the summer. The jelly-stool hurries the patient out of bed.

Sexual Organs.—Leucorrhœa yellow, ropy; pain and weakness in the small of the back (Kali carb.). Prolapsus uteri in hot weather.

Respiratory Organs.—Cough from the least morsel of food or drink (Bry.). Tickling in the larynx; every inhalation causes cough and hoarseness. Morning cough, with viscid expectoration. The pulmonary symptoms alternate with rheumatism.

Lower Extremities.—Sciatica. Pain in the course of the sciatic nerve, extending from behind the great trochanter to the calf of the leg (Tellurium—right sciatica). Pain in the tendons of the muscles of the calf as if stretched, causing lameness.

Skin.—Dry eruption, like measles, over the whole body (Acon., Puls.). The eruption begins in hot weather; better in cold weather (Rhus tox. the reverse). Ulcers dry, oval, with overhanging edges and black crust (syphilitic).

Circulation.—Climacteric flushes of heat.

2. *Kali bromatum.*

This drug increases the destructive without a corresponding increase in the constructive metamorphosis of tissue. Emaciation consequently results.

It affects the capillary circulation. It has a sedative and hypnotic action by diminishing the cerebral supply of blood.

It has a spasmodic cough.

3. *Kali carb.*

In the hands of experts this important constitutional remedy has wrought many brilliant cures, and it was almost the only remedy with which Hahnemann claimed to have cured phthisis pulmonalis. It affects chiefly the eyes, eyelids, the heart, the pleura, the respiratory and genito-urinary organs, the digestive apparatus, the assimilative and the glandular and muscular systems. It is important in hydræmic conditions and the paralysis of old persons. It is suitable for the aged; rather obese; lax fibre.

Attention may be directed to Kali carb. when in any case of disease one or more of the following salient points are observed: Baglike swelling between the brows and upper

eyelids (Apis, œdema all around the eye); after coitus, weakness, especially of the eyes; mitral insufficiency; violent stitch pains in chest or abdomen; backache in lumbar region and general aggravation of symptoms at 3 A.M.

By œdema above the upper eyelids it is suggested in drop-sical complaints accompanying organic disease of the heart or functional disturbance of the kidneys; in some cases of blepharitis; in diarrhœa and in whooping-cough.

It has violent palpitation of the heart, with dyspnoea and with left-sided pleurisy.

Its stitch pains occur in pleurisy when the case does not yield to Bryonia; in mastitis, in hepatitis, in nephritis, in flatulent colic and in severe labor.

The stitch pains in the chest may occur on either side. In the right side they affect the lower third of the chest. Stitches in right chest in pneumonia, with hepatitis; worse when lying on the right side. Stitches in left chest in pleurisy, with violent palpitation; dry cough worse at 3 A.M.

Stitch pains in endocarditis or in mitral insufficiency; systolic murmur, with louder second tick from pulmonary stagnation; heart-beat intermitting, irregular, tumultuous or weak; cold sensation about the heart.

Tuberculosis, with stitches in different parts of the body; backache; cough worse about 3 A.M.; profuse purulent sputa (Stannum); easily frightened; nursing mothers.

In cough the pus or tenacious mucus is dislodged but it *has to be swallowed*; cough occasioned or aggravated by cold damp weather (Dulcamara), and aggravated at 3 A.M. and by *lying on the side*.

Backache is characteristic in various complaints, as in certain cases of sore throat, in tuberculosis, in dyspepsia, in insufficient labor-pains, in affections of the sexual organs, in constipation, in rheumatism, in spasms and in erysipelas. This pain is seated in the lumbar region, and it is heavy like a weight, or the cutting pains extend across the back, towards the uterus, or down the glutei muscles.

Insufficient labor-pains, with violent backache; wants the back pressed; bearing down from back into pelvis.

Dyspepsia, with pain in back and legs after eating; flatulence; sourness in stomach before eating and fulness after eating; long-lasting gastric weakness and empty feeling; constipation from inactivity of the rectum; stools of too large size.

Rheumatism, with backache and lassitude.

Lumbago, worse at 3 A.M.; pain extending down the glutei muscles.

Menstrual pain in small of back like a weight; menses acrid like the leucorrhœa.

4. *Kali chloricum.*

Grand characteristic: *Acute, ulcerative and follicular stomatitis.* The whole mucous membrane of the mouth was red and tumid, and in the cheeks, lips, etc., were numerous gray-based ulcers.

In the throat it produces merely a dryness. Hence, according to the pathogenesis, it is by no means specific as a wash for sore throat and diphtheria, according to allopathic usage.

5. *Kali cyanatum.*

It produces sudden convulsions of the whole body, with hyperæsthesia of the muscles. Pressing upon thigh, calves, upper arm, or on the epigastrium, produced trembling, startings like convulsions, and severe pressure upon the epigastrium resulted in tetanus.

6. *Kali hydriodicum.*

This remedy is useful, particularly for scrofulous and syphilitic subjects that have been thoroughly mercurialized, and it may be indicated in some chronic nasal catarrh, mucous phthisis, asthma, etc.

Outer Head.—Violent headache; hard lumps on the cranium.

Eyes.—One of the best remedies in irido-choroiditis, especially of syphilitic origin (Allen and Norton).

Nose.—Red, swollen; discharge profuse, acrid, watery; tightness at the root of the nose; syphilis. Patient subject to nasal catarrh, excited or aggravated by cold; severe bone-pains when the bones are swollen; violent headache, with hard lumps. *Very tenacious mucus accumulates in the nostrils. Greenish discharge.*

Throbbing pains in nasal bones.

Neck.—Goitre sensitive to contact (Iodine). Submaxillary glands swollen, suppurating.

Lungs.—Phthisis pituitosa, with purulent sputum; exhausting nightsweats and loose stools.

Pneumonia, first stage.

Cough deep, hollow, with whitish or *greenish* expectoration.

Asthma of young people who grow rapidly and have many rheumatic symptoms. Burt says it is the best remedy in asthma, and that it has cured or palliated in almost every instance when tried. Dose, two to five grains a day, dissolved in water. Symptoms: Severe coryza; constant sneezing; profuse, acrid, watery discharge; dry, hard, hacking cough; afterwards copious greenish expectoration; great oppression of breathing, with loss of voice; whistling, wheezing respiration. Suitable in either dry or moist asthma, but better in the dry form. In a chronic case of moist asthma, with severe coryza and much sneezing, profuse, acrid, watery discharge, I found it to act merely as a palliative.

All the Limbs.—Tearing-darting pains; periosteum attacked; jerks or contractions of the tendons; emaciation; worse at night, lying on suffering part; from mercurialization or syphilis; rheumatism; gout.

Skin.—Acne; eczema; chronic cutaneous eruptions.

Glands.—Glandular swellings; atrophy of mammæ and testes.

7. *Kali manganicum.*

Fauces and pharynx red, swollen and very painful; almost constant efforts to swallow with profuse ptyalism; sanious discharge from nares. Case of malignant diphtheria cured by Dr. Allen.

8. *Kali nitricum.*

Little used in homœopathy. It acts prominently upon the kidneys, producing diuresis; frequent and profuse micturition, clear as water or dark red; saccharine urine; also frequent urgency to urinate. Nitre paper is used to relieve asthma.

9. *Comparison of the Principal Salts of Potash.*

The bichromate is adapted to complaints of fat, light-haired children.

The carb. to complaints of old men, and of fat, flabby women.

The bich., carb. and hydriod. to affections of the respiratory mucous membrane.

The hydriod. to asthma and mercurialization.

The bichromate and hydriod. are applicable in syphilitic ulceration of the cornea, soft palate, throat, etc.

The carb. has great photophobia in ophthalmic affections.

The bich. and hydriod. have little or none.

The carb. and hydriod. are often appropriate in serofulous affections.

The carb. in dropsies, in phthisis and in organic diseases of the heart.

The bich., carb. and hydriod. in various forms of rheumatism.

The bich. in some forms of croup and diphtheria.

The manganicum has proved curative in malignant diphtheria.

The cyanatum is pathogenetic of convulsions with muscular hyperæsthesia.

The nitricum is curative in diuresis, saccharine urine and scanty urine.

The bich. affects the parotid glands.

The carb. the cervical glands, etc.

The hydriod. the submaxillary glands.

III. THE SALTS OF AMMONIA.

The following are the chief indications for these salts as developed by their pathogeneses and verified by clinical experience.

1. *Ammonium carb. or Smelling Salts (the sesquicarbonate).*

This salt chiefly affects the female sexual organs, the respiratory system, the extremities, the blood and the skin.

Teeth.—Toothache when pressing the teeth together.

Nose.—Stoppage mostly at night; must breathe through the mouth, with chronic coryza (*Aurantium*, *Kali c.*, *Lycop.*).

Rectum.—Discharge of much blood from the rectum before and during the menses.

Female Sexual Organs.—Blackish clots, with pain in abdomen; violent, acrid leucorrhœa; sometimes burning, watery discharge from uterus.

Cough.—Dry cough, especially at night, as from particles of dust in the throat.

Extremities.—Hands look blue and the veins distended after washing in cold water.

Neck.—Lymphatic glands swollen.

Back.—Coldness of the back between the scapulæ (*Lach.*, *Lachnanthes*, *Ammonium mur.*).

Skin.—The whole upper part of the body is red, as if it were covered with scarlatina; red spots on the skin; easy desquamation of the skin. Guernsey recommends it in scarlatina when the rash continues out too long with tendency to gangrenous ulceration of the tonsils; enlarged tonsils of a bluish color, or the rash is only faintly developed, with a comatose state. Raue, when there is hard swelling of the right parotid and lymphatic glands of the neck; putrid sore throat. P. P. Wells, when there is a miliary rash.

Sleep.—The moment he falls asleep he is aroused for want of breath, in asthma. Spongia for a similar symptom in croup.

Generalities.—Suitable for delicate women who feel obliged to keep their smelling-bottle at hand.

2. *Ammonium mur.* (*Sal ammoniac*).

This salt chiefly affects the female sexual organs and the lower extremities.

Rectum.—Stool hard, crumbly, scanty (Magnesium mur., Nat. m.).

Sexual Organs.—Menses premature, with pain in abdomen and small of back; flow more profuse when lying down at night; better during the day; passing large quantities of blood from rectum during catamenia.

Leucorrhœa, with distension of abdomen without accumulation of flatus. Leucorrhœa like white of egg after pinching pain around the navel. Brown, slimy leucorrhœa after every discharge of urine.

Back.—(For pulmonary diseases with coldness between the shoulders, see Ammon. carb.)

Extremities.—Hamstrings feel too short (Ruta). While walking the hamstrings are painful, they feel too short; not so when at rest. The rheumatic pains in thighs and legs are worse while sitting, and better while walking. This was Dunham's remedy in several cases of sciatica which were worse while sitting, somewhat relieved while walking and entirely relieved while lying down.

IV. LITHIUM CARB.

According to Father Hering, the most significant symp-

toms of this salt, are those of the eye, the heart, and the urinary organs.

Mind.—It has difficulty of remembering names (Sulph.).

Eyes.—The most prominent characteristic is left-sided hemiopia, the right half of objects being invisible. With the 30th Dunham cured such a case of hemiopia. With Lycopodium⁶ I have apparently cured a case of hemicrania always attended with left-sided hemiopia, the headache on one side or the other; aggravation in evening after 4 P.M.; rheumatism mainly in right leg, but sometimes affecting the left leg; red sand in urine; much flatulence after eating, etc. Within several months no return, as was usually the case.

Lithium has black motes before the eyes, and eyes sensitive after using them by candlelight.

Heart.—Valvular deficiencies worse from mental agitation, which causes a fluttering and trembling of the heart.

Kali carb. has valvular disease with stitching pains and Natrum mur. with marked aggravation when lying on the left side. Hering prescribed Lithium for Dunham's valvular disease. While preparing the third trituration the latter inhaled some particles, which produced a severe aggravation, followed by a permanent benefit. The palpitation caused by mental agitation is a characteristic that I have verified.

It has sudden shocks, also rheumatic soreness in cardiac region, and pains in heart before and at the time of urinating; also before and at the time of the menses.

Urinary Organs.—Flashes of pain in vesical region more towards the right, before passing water; pains extend into spermatic cord.

Tenesmus vesicæ with micturition.

Awakened with erections which subside on urinating (verified).

CLINICAL EXPERIENCE.

Natrum carb. and Natrum mur.

Dr. Boyce. When a student in the Philadelphia college, Dr. Frye was unable to give attention to the lectures. It was difficult for him to think or exert his mind. Dr. Hering prescribed Natrum carb.²⁰⁰, one dose, which at once relieved him and he was able to listen to the lectures. Some days afterwards the same difficulty returned, when it was as promptly and effectually relieved by another dose of the same

remedy. Dr. B. used it for headache when going out in the sun. The headache may occur during the day, but it is aggravated by going out in the sun (*Lachesis*). He also used it for cough when coming into a warm room (*Bryonia*).

Dr. Nash with *Natrum carb.* cured his own case of vertigo induced by mental exertion.

Dr. Seward often cured intermittents with *Natrum mur.* when specifically indicated.

Drs. Boyce and Wallace used it as a specific for intermittents of returning soldiers who had been drugged with quinine and whisky. Dr. B. did not in such cases regard the time of day.

Dr. Hawley cured old cases of intermittents with this remedy, but in recent cases it sometimes failed when apparently indicated.

Dr. Boyce said that *Natrum mur.* did not succeed well in recent cases of intermittent fever.

Dr. Nash had cured only one recent case with this remedy. He used *Tartar emet.* in intermittents with intense sleepiness during heat and sweat, and with paleness of the face. If the face had been red he would have given *Opium*. The patient had been drugged with quinine.

Dr. Wells. A lady from the West had chills regularly at 10 A.M. every other day, and a light paroxysm on the intervening day. No thirst during chill. *Natrum mur.* seemed to control for four or five weeks only, then the symptoms returned and *Arsen.* cured.

Dr. Brewster with *Natrum mur.* cured a catarrhal fever with severe headache, backache, bone-pains, and fever blisters around the mouth. The lips were swollen.

Dr. Miller had verified many of the symptoms of *Natrum mur.* He often found it indicated in headache, weak-sightedness, muscular asthenopia, heart disease, dyspepsia and hepatic derangement.

In gastric and hepatic derangement of years' standing, not much benefited by other remedies, *Natrum mur.* is to be thought of and is indicated when attended with morning headache on waking, with muscular asthenopia, with catarrh of the air-passages characterized by discharge of transparent mucus tasting salty, or with palpitation of the heart caused by flatulence, with inability to lie on the left side.

Dr. Nash with *Eupat. perf.* and *Arsen.* often cured chronic intermittents with quinine abuse.

Kali bich., nitric. and hydriod.

Dr. Nash had a case of eczema of the hands, worse in cold weather. Petrol. did no good; Kali nit. cured.

Dr. Parsell with Kali nit. cured a case of leucorrhœa characterized by discharge black as ink.

Dr. Wallace with Kali bich. made two of the most brilliant cures he ever made in his life. These were two cases of hooping-cough with expectoration of tough ropy mucus extending from mouth to floor. The children were both *fat* and they had *light complexion*. He did not expect to cure the hooping-cough, but merely to change the secretions, yet he cured both cases in ten days.

Dr. Chaffee with this remedy cured a case of nasal catarrh of ten years' standing. Clinkers were discharged from the nostrils every morning. Patient a *spare* man of *dark complexion*. One prescription cured. It was a vial of the 30th.

Drs. Nash and Miller had with this remedy cured cases of syphilitic ulceration of the soft palate as if cut through with a punch.

Dr. Chaffee with same remedy cured cutaneous ulcers with similar appearance as if cut with a punch.

Dr. Deuel with same remedy had cured a case of catarrhal loss of smell without other prominent catarrhal symptoms. This loss of smell had continued six weeks.

Ammonium mur.

Dr. Boyce with this remedy cured a case of supraorbital neuralgia appearing in the morning at 11 A.M. and continuing all day. Patient had to go to bed, pain constant.

Dr. Martin often gave allopathic doses in neuralgia when he practiced allopathy. He put a drachm in half a glass of water and gave a teaspoonful at a dose with good results. He also gave Kali hydriod. in large doses in asthma, which he always relieved.

Some years ago Dr. Hawley with Ammonium mur. cured a case of pulmonary consumption. The remedy was suggested by the marked coldness between the scapulæ. Patient had to wear a shawl to keep her back warm.

Lithium carb.

Dr. Seward had greatly benefited a case of enlargement of

the knee with stiffness, by the administration of Lithium carb., suggested by Dr. Dunham.

The Secretary read the following paper :

ABUSE OF THE ALKALIES.

BY L. B. WELLS, M.D.

In regard to the investigation of the remedial properties and relations of the alkalies, it may not be out of place to consider the abuse which common practice has long sanctioned. It is a question for mature consideration whether the common use of several of these articles in our daily food may not have been the cause of frequent derangements of the digestive organs, if not even a more general abnormal condition, in the light of the provings of these various salts. The mitigating circumstance in regard to it is, that the crude article does not produce more than a moiety of the effects which are produced when proving with the potencies. For instance, although we use *Nat. mur.* in almost every meal, yet it is a potent curative agent when administered in a high potency. The writer believes that many cases of gastric derangements have been caused by the free use of these articles.

It is evident that the common practice of administering an alkali in the common allopathic dose often confirms the very disease for which it is given. If a patient has acid eructations, the *contraria* principle is invoked and an alkali is given, which for a time checks the disturbance, but agreeably to its pathogenesis reproduces the very condition for which it was given.

In the proving of *Kali carb.*, we have after eating, burning from the stomach to the throat, colic, distended abdomen, acid eructations, faintness, nausea, loathing and vomiting of ingesta and acid slime.

I was once called to see a gentleman who had pursued this course of treatment until the functions of the stomach were utterly destroyed. On taking the least article of food, either in solid or liquid form, he had nausea and vomiting of acid slime so offensive as to be noticeable to the olfactories of the attendants.

He was extremely emaciated, had great tenderness at the epigastrium, with a hard lump in the stomach: characteristic symptoms. He had been in the habit of taking a teaspoonful of the salt every two or three hours. He informed me that

he had taken ten pounds, at least, during the last three or four months. The case was a hopeless one, but his life was somewhat prolonged by administering nourishment by enema.

This case only confirms the accuracy of the record of provings of this drug, and the utter folly of its use so common in "regular" practice.

It is a serious question how far we may venture in the use of this article in culinary matters. It certainly will be safe to substitute something less injurious, if possible to do so.

Of the two alkalies from potash and soda, the latter may be used with less probability of injury than the former.

The man who will invent a harmless yeast as a substitute for these preparations in our domestic arrangements will confer a lasting benefit to a dyspeptic humanity.

The following paper was presented by Dr. Nash :

CHARACTERISTICS OF THE SALTS OF SODA AND POTASH.

BY E. B. NASH, M.D.

Natrum mur. and carb.

I have verified the characteristic condition of *Natrum mur.*, aggravation of feverish symptoms, whether intermittent or not, at 10 A.M., and I have verified only one characteristic of *Natrum carb.*—vertigo from mental exertion.

The Kalis.

1. *Kali carb.*—The grand characteristic of *Kali carb.* is stitches. These occur in the temples, eyes, ears, teeth, stomach, liver, abdomen, lungs, pleuræ and kidneys, heart, back, finger-joints, and in almost any part of the body. 2. The next most prominent condition is its time of aggravation, at 3 A.M., of gastralgia, cough, lumbago and all ailments, especially those of the throat and chest (Hering). 3. Pain through lower third of chest. 4. Anæmic or dropsical conditions, occurring especially in old persons, as after loss of vital fluids. A strong characteristic is, baglike swelling over the eye.

Kali bich.—1. The grand characteristic is plastic exudations—ropy, stringy mucus from any mucous membrane. 2. Next in importance is, ulcerations whose favorite locality is the mucous membranes. The edges of the ulcer are well defined, as if cut through with a punch. The ulcer has a bright red areola ; it is movable on the subjacent tissue, and it is often

the result of syphilis. I have known the septum to be involved. 3. Rheumatic pains alternate with gastric complaints.

Drs. Hinman and Martin were duly elected to membership.

Electricity was selected for the subject of discussion at the next meeting, and Dr. Boyce was unanimously elected essayist on this important subject. An intellectual treat may consequently be expected on that occasion.

Adjourned to the third Thursday in March, 1878.

DEPRESSED FRACTURE OF THE SKULL.

BY DUNCAN MACFARLAN, M.D., OF PHILADELPHIA.

ON the evening of May 19th, 1877, I was called to see Freddy S—, three and a half years old, living in West Philadelphia, who had been kicked by a horse about an hour before my arrival. I found the child comatose, with a pulse of 160, skin covered with cold perspiration, pupils dilated and not sensitive to light, stertorous and irregular respiration, and vomiting every few moments. He was lying on his left side, the wound being on the right, and his head and face were suffused with blood.

An examination was made by lamplight, and an open scalp-wound found, three inches long, running backwards from the frontal eminence above the right eye. Using my index finger, some small pieces of detached bone were removed, and with the forceps I extracted other pieces, equalling in all as much frontal bone as would be covered by a silver dollar. This was followed by copious hæmorrhage. When it had ceased, the elevator was used to raise the considerable depression of the involved parietal bone. The line of fracture extended backwards some five inches, and the point of greatest depression of bone at the frontal eminence was three-quarters of an inch deep. The elevation was followed by immediate improvement in respiration, but no return or improvement in consciousness. The eyelids were œdematous and closed; half of the right parietal bone was fractured and depressed, and an oblique fracture of the frontal bone extending into the inner angle of the eye was discovered. Folded towels wrung out of ordinary water, changed when hot, were applied to his head for three hours, and this lessened the amount of very free bleeding from the wound.

His extremities were quite cold and there was great heat about his head and neck, with lividity of the face. The pulsations of the brain could be distinctly seen through the open wound when cleaned of blood, and over a square inch of the brain surface was exposed. His pulse remained at about 160 for several days, and often could not be counted, partly because of the convulsive movements of his body and limbs, and partly from the nature of the heart's action. Twitching of the facial muscles at times was noticed. Complete consciousness returned on the second day.

Spiriting of blood from the wound was seen at intervals, lasting but a moment, during the first and second days. The back part of his neck was exceedingly sensitive and painful to touch, and the right side was much swollen from the chin to the clavicle. He complained of some difficulty in swallowing, and could take but liquid food for three or four days, principally beef tea, milk and chicken broth. The cold-water dressings were continued for a week, when the discharge became very offensive, and he complained of great pain through the head. Poultices of flaxseed and charcoal were then applied over the opening, and next day there was a very free discharge of pus, at first very offensive and dark in color, but after the second day it had a healthy appearance. This discharge of pus continued for two weeks, care being taken to keep the wound open by placing in it pledgets of lint, renewed every morning. During the third week he sat up and ate heartily, only complaining of slight itching in the wound, which now began to fill up with granulations. At the end of the sixth week it was entirely healed, and he is at present apparently as well as if he had never been injured. His eyesight is good, memory excellent, and there remains only a scar marking the wound, with a distinctly felt ridge over the middle of the right parietal bone, the place of fracture.

Rhus in water was frequently given with excellent results, reducing the fever, œdema of the lids and the tendency to erysipelas. It also relieved the stiffness of the neck and constriction of the throat. Adeps^{lm} was administered some days after to regulate the movement of the bowels.

This case is only remarkable for the complete and rapid recovery after such a severe injury to the skull and brain, and adds another illustration to cases of a similar kind on record.

DISEASES OF THE HEART.

SYMPATHETIC ACTION.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

IN those affections of the heart depending upon some lesion in a neighboring or distant organ, or an alteration of the blood, or upon nervous disorders, we have simply a functional derangement of the heart, which, while it causes the patient a greater amount of suffering and fear of sudden death, is, nevertheless, generally curable, either along with the original disease which induced it, or by a well-selected remedy for the cardiac distress and symptoms alone.

Those brought on by grief or fright, or by mental emotions, or any physical exercise of more than ordinary force or continuance, are commonly regarded by patients as of little or no importance, deeming them only a temporary overaction of the heart itself which will pass away as soon as the exciting cause removes, and it is seldom that they seek for treatment for this transient palpitation or heart irregularity; but let this occur, as it generally does, in youths about the age of puberty, and in females at the climacteric period of life, and the greatest anxiety is manifested lest an organic disease has attacked the heart, and this is attended with expectation of sudden death; and inasmuch as the causes of the irritation remain in operation for months, and sometimes for years, and this sympathetic action of the heart may continue all through these terms of change, it is not surprising that they are kept alarmed on this point; so that the practitioner may as well at the outset calm his patient's mind with reference thereto, and yet not neglect medical treatment of the case, for in many instances a remedy like *Ignatia amara*, *Cocculus indicus*, *Gelseminum* or *Digitalis*, where the palpitations and irregular paroxysms of heart disturbance correspond, will give permanent relief to these occurrences in the progress of the change which nature is inaugurating in the system.

If there is a persistent increase of the pulsations much beyond ninety or one hundred per minute, with considerable præcordial discomfort, *Aconite* or *Veratrum viride* would be more properly thought of in studying out the remedial indications in the case, leaving out, of course, those exceptional and rare cases where the normal range of the pulse is very high; for there are cases where we have a normal rapidity of pulse, and others where we have a congenital depression, and

we may likewise say, for some individuals, a normal intermittent action of the heart.

Change of habits is not an infrequent cause of irritability of the heart. People who leave active occupations for a sedentary life, who retire from business, who live in ease and quiet, making altogether a sudden change in this respect, or those who have been living in luxury and are obliged to undergo considerable mental or physical labor, and especially if both are combined, or those who have been a long time troubled with a superabundance of fatty tissue and who suddenly waste away, or those who become obese after an anæmic state of body, or those who may have had hæmorrhages and lost a great amount of blood, or where there has been a drain of any other fluid of the body, or those who may have recently commenced the use of tobacco, or who may have at once broken off the habit of using it, or those who may have to undertake great responsibilities, or cares, or anxieties after a period of mental rest, or those who may have been compelled to lose a large amount of sleep continuously, or those subject to dyspeptic disorders accompanied with much gas in the stomach, or from some disorder of the liver or bowels, or those unused to coffee or tea who may commence drinking large quantities, or those in whom any sudden and marked condition of change in the system has in any way resulted, will all be subject more or less to these functional derangements or sympathetic heart symptoms.

Treatment.—The question of their management and relief after definitely determining their precise cause will next engage our attention.

If the exciting cause is one that can be removed, this is certainly then the first step to take in commencing with the case, and if it is impossible to entirely accomplish the riddance of the producing element, the symptoms may be somewhat controlled by a lessening or a modifying by some proper means of the full force of such cause. For instance, a gradual abandonment, until they are altogether discontinued, of the use of those articles that, by force of habit, are prejudiciously taken into the system.

The inactive man should gradually place himself in a sphere where he can increase his amount of exercise, the anæmic should build up by nutritious diet, and possibly China, Baryta carb., Calc. carb., Phos. or Cuprum be prescribed, or, at least, borne in mind in studying out the indicated remedy. The over-weighty should reduce their luxurious living for a plain

and less abundant diet, or resort to the treatment that is now most commonly in use, the exclusive milk diet, for a limited period, until the weight is reduced to the requisite number of pounds, which will correspond to the individual's own standard before the obesity made its inroad.

In hysterical cases, and those inclined to spasmodic nervous attacks, or others who may be subject to convulsions or epilepsy, and likewise any who have indulged in venereal excesses, and children who have intestinal or gastric irritation from worms, and invalids who suffer from spinal irritation, and many others that have nervous or organic irritations arising in any other part of the body, will be more or less annoyed by the reflex symptoms of fluttering tremor and distress about the heart, or will be attacked with sudden palpitations.

The physician will, in all probability, be summoned to these cases during the temporary attacks, and his diagnosis is not to be hastily given with regard to the mal-action of the heart at that time, nor is he to be too hasty in selecting his remedy. Of course the heart is to be examined during the spell if the opportunity presents; but it must also be carefully examined afterwards, if the case is a masked one, when the attack which produced the sympathetic or reflex action upon the heart has passed away.

In these temporary irregularities of a functional character, the prescriptions are usually very plain and simple. The overexcited or frightened or grief-stricken invalid needs first of all the sovereign balm, that of rest, both physical and mental, before any medication is resorted to. One or two doses of Chamomilla or Aconite will remove the effects of a fright, if syncope is not actually present, in which case the inhalation of the fumes of Ammonia, and the placing of the patient in a horizontal position with the head a little lower than the body, in order that the vessels of the brain may resume their natural volume of blood-contents as quickly as possible, is the best thing to do. Friction of the extremities will not be amiss if the syncope is very profound, but it is not generally prudent or right to pour down the patient alcoholic preparations, and dose them up with camphor and nostrums, for the effects of these drugs last for a considerable period after the fainting spell is over, and do harm in the main. Digitalis, Valerian or Veratrum viride in large doses, such as anxious friends are too persistently willing and determined to thrust down the throat of the helpless invalid, are also contraindicated.

If you can get the sufferer before his case becomes medically complicated and injured by lay-doctoring, you will be astonished at the happy action which *Ignatia* will give in grief-stricken cases, *Coffee* from unmeasured joy, and *Scutellaria* from physical excitement or anger, or *Arsenicum*, or *Cactus*, or *Lactuca* where it has succeeded violent oppression or an intense attack of pain, especially if occurring in the neighborhood of the heart.

Camphor is a remedy that is of almost general domestic administration in these cases of cardiac syncope, but it is usually given in such excessive doses that it rather tends to make the fainting spells more prolonged, while if used in the first or third attenuation it would relieve mild attacks promptly.

Some remedies differ in their pathogenesies with regard to the force and regularity in the heart's action. For instance, if we have a very feeble impulse with intermittent beat combined with irregularity, we would run over in our mind such remedies as *Arsenicum*, *Digitalis*, *Hydrocyanic acid*, *Aconite*, *Cannabis ind.*, *Laurocerasus*, and *Veratrum alb.* If, however, with irregular pulsations we have spells of tumultuous and violent throbbings, *Spigelia* or *Veratrum viride* would first come into our minds, while *Cactus*, *Belladonna*, *Lachesis*, *Naja*, *Cocculus* or *Anacardium* would also claim our attention in selecting.

If the symptoms about the heart are of an indescribable or deathlike character, with considerable nervous enervation, *Ignatia* would be first thought of, and then *Chamomilla*, *Nux vomica*, *Phosphorus*, *Cuprum*, *Zinc*, *Secale corn.*, *Moschus* or *Bromide of potassium*. When the irritation arises in the stomach, and the heart symptoms occur secondarily, *Nux vomica*, *Lycopodium*, *Pulsatilla*, *Collinsonia*, *Hydrastis*, *Iris versicolor* or *Bryonia*.

Nux moschata is a good remedy where there is not only gastric irritation, but also considerable nervous derangement, and has such symptoms as fluttering, trembling, quivering, labored breathing and violent palpitation of the heart, and is especially adapted to females subject to metrorrhagia, fainting spells, and of very sensitive temperaments.

PNEUMONIA.

BY THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

(Read before the Homœopathic Medical Society of Pennsylvania.)

Synonyms: Peripneumonia; pneumonia vera; pneumonia notha; capillary bronchitis.

Varieties: Croupous and catarrhal pneumonia; acute sthenic pneumonia; broncho-pneumonia; lobar pneumonia; acute pneumonia; interlobular pneumonia.

HISTORY.—In the early days of medicine both pleurisy and pneumonia were thought to be one and the same disease. Hippocrates and Galen, although recognizing these diseases, did not in their writings give distinctive difference, nor was a distinction made between these two diseases in a satisfactory manner until Laennec wrote, since which time his writings have stood the test of numerous investigations. Many other writers have not only confirmed his views, but by indefatigable study and research have proved that different portions of the lung are subject to disease.

ETIOLOGY.—For the sake of brevity, the etiology of pneumonia with its different varieties will be considered collectively.

The remote cause of the disease is so obscure, that notwithstanding the investigations of many distinguished men, it has so far escaped detection. What I mean by this is, that cold, or the opposite extreme, has generally been recognized as the direct agent of this disease, but how they happen to produce pneumonia or why the lungs become subject to their effects is not clear to our understanding, any more than the reason why exposure to cold brings to the human system numerous diseases.

The general impression, during the last century, has been that the first exciting cause was in consequence of a chill. This fact (or what was supposed to be one) was held good until a number of statistics were gathered which proved it by no means constant. Grisolle asserts that a discoverable cause of this nature could only be affirmed in one-fourth of his cases. Ziemssen says that among children, a discoverable cause only existed in one-tenth of his cases. Wilson Fox in fifty cases could detect but fifteen caused by a chill. However small the ratio may seem, we are compelled to admit that a chill is the most common (though by no means constant) of the discoverable causes. In many cases that occur, we can infer from this, there is a peculiar constitutional predisposition, in

consequence of which causes, so slight as to pass unnoticed at the time of exposure, may produce results which persons less predisposed would have escaped; so that it would seem there can be but little doubt that pneumonia, in many instances at least, must depend in a great measure on predisposing constitutional or local conditions, whose nature is unknown but whose influence is distinct.

Bearing these propositions in mind, we will now consider other influences which have a bearing upon the cause of this disease.

The most prominent of these is climate. It has been observed that a climate presenting rapid variations of temperature is more productive of this disease than one of a uniform temperature, either hot or cold. Thus Fox observes that throughout the European continent below sixty degrees north latitude pneumonia is very prevalent, exceeding in frequency latitudes further to the north, the variations of temperature being rapid, and hence the tendency to this disease. This is, to a great extent, true of some of our Southern States, especially Florida and Texas, where the variations of temperature are not so rapid as further north, but the mode of living is such that, in connection with a variable temperature, it makes pneumonia very frequent and fatal. In Cuba and among the other islands of the West Indies the native physicians say that, next to those malignant epidemics which ravage that region, pneumonia is most common and fatal. Nor is this remarkable when we consider their mode of living, especially that of the common people. They generally live in huts built of dried mud, with no boards on the floor; two doors on opposite sides of these huts in many instances afford the means of entrance, exit and ventilation, so that the temperature within these tenements is considerably lower than the outside, and the occupant, working out in the fields and coming from a temperature of perhaps a hundred degrees, perspiring freely, and entering these houses where in some instances the temperature is sixty degrees or lower, experience a change which in its direct effects expose them to the causes which may produce the disease in question. With the causes above enumerated the clothing and food of these common people, insufficient in many cases for vigorous bodily exertion, has a tendency to lower the vitality of their systems, and thus contribute a constitutional defect which renders them still more liable to the disease. It can be inferred from the above that common people are more liable to pneumonia than the better

class. Statistics show this to be true. Among the country people laborers suffer more than the proprietors; in the army soldiers more than the officers.

It has been stated as a truth by all writers, and I think abundantly confirmed, that pneumonia is most common during periods of the year in which there is the greatest changes of temperature. Thus, in our country, we have more cases of pneumonia during March, April and May than in December, January and February. This, according to Huss and other writers, is the same on the continent.

In regard to the nature of the air, Huxham states that cold dry air is most frequently productive of pneumonia of an inflammatory type; that bastard pneumoniæ are produced most commonly in damp seasons. Dr. Jackson states that in Massachusetts, which has a damp climate, they have many complications of this disease, owing, as he thinks, to the nature of the atmosphere. The atmosphere, whether dry or damp, it seems must be variable, as the explorers of the Arctic regions tell us that in those regions of extreme cold this disease is almost unknown.

In regard to sex, it seems to be only confirmative of what has been said in regard to exposure, for while in early life the difference is not observable, in adult life, or when occupations differ, the males, suffering more from exposure, are more liable to the disease.

The Hippocratic doctrine that the strong and robust suffer more than the weak, although having yet many supporters, is not fully proven. That many strong and robust men have this disease there can be no doubt, but from their being strong and robust they are more generally exposed than the weakly ones, who, knowing their condition, are apt to select occupations where there will be less danger from exposure.

From the observation of Dr. Hughes Bennett we are led to infer that weakly subjects, such as those affected with rickets, etc., are more liable than any other class to attacks of pneumonia. Grisolle gives a record of twenty-four patients dying affected with rickets, more than one-half of whom had pneumonia, but whether this was produced by rickets or by the hypostatic congestion from position, he does not state.

A predisposition is noticed among patients who have had pneumonia to be affected again, one attack predisposing them to others. Andral relates a case which had fifteen attacks in eleven years. Rust has on record one where the patient had twenty-eight attacks.

Traumatic attacks of pneumonia are very frequently caused by blows, fractured ribs, penetrating wounds, etc. The entrance of foreign bodies into the bronchi cause, in some cases, rapid and uncontrollable pneumonia, producing very often the most serious consequences. Irritating vapors produce a pneumonia, often of the lobular variety. This is especially the case with chlorine vapor. Experiments by Glendoin with this vapor on animals produced in them the disease in question.

Concerning the influence of disease as an etiological element in producing pneumonia, measles seems to be the most prominent, and seems to affect children more severely than adults, depending upon the irritation among the bronchi to cause this disease, aided and influenced by the changes of temperature already noticed. Again, in some epidemics of measles there are more cases of pneumonia than in others, caused, perhaps, by certain conditions of the atmosphere.

Typhoid fever is said by Murchison to be next in frequency the cause of this disease, depending to a great extent upon the hypostatic congestion of the lungs produced in part by position.

Scarlatina in the second stage has caused pneumonia, especially when the disease is followed by albuminuria, less frequent in the first stage. From my limited experience I am of the opinion of Bright, who in a hundred cases had only six from or with albuminuria.

Raynor, however, it is said, found pneumonia in half of his cases. Becquerel, in a hundred and twenty cases, found twenty per cent. I have had a very few, indeed, where in the first stage albumen could be detected. Rather would I look for albuminuria to be caused by pneumonia than albuminuria to be one of the causes of pneumonia.

Among other diseases cited as causes of the disease are bronchitis, catarrh and bronchial catarrh. The latter, I think, cannot be classed among the causes. I would say, however, that it is a forerunner of this disease, which, unless checked, makes its appearance in one or two days.

Lastly, the epidemic cause. It has been a disputed question whether we can have such a cause. I think that in some seasons the cases here, in our latitude, are so numerous and come on in such an undiscoverable manner, that we are led to believe in such an idea as an epidemic, and the number of cases happening in Philadelphia last winter seems to confirm that opinion.

CLINICAL HISTORY.—One of the first symptoms of this disease is a want of animal heat. The patient complains of being cold, no matter how high the surrounding temperature may be. The thermometer, if placed in the axilla, shows an increase of temperature from 1° to $1\frac{1}{2}^{\circ}$ F. This may last for a day or two, when in some cases it culminates in a chill of more or less severity, which is apt to occur just after retiring for the night. The chill is speedily succeeded by pain in the head, back, limbs, with thirst and fever, and later by profuse perspiration. These symptoms are soon followed by cough, dyspnoea, with a feeling of weight and heat in the region of the sternum. A very rapid pulse, circumscribed redness of one or both cheeks, coated tongue, constipated bowels and scanty, high-colored urine.

The pain in the chest is acute, lancinating, and in all respects identical with the pains in acute pleuritis, and proceeds in most cases from the pleuritis developed in conjunction with the pneumonia, and is referred to a circumscribed space near the nipple of the affected side.

As the disease advances respirations are increased in frequency, the cough becomes very distressing, and the expectoration viscid, rusty, and in some instances bloody; under the microscope it exhibits epithelium, mucus and pus-cells, and blood-corpuscles. The rusty appearance is due to a small quantity of blood intimately mixed with other excreted matter; if in large quantity, it gives the prune-juice color. The adhesiveness is such that when any quantity remains in a vessel it will adhere to the bottom when the vessel is inverted. Expectoration is wanting in some cases. In grave cases the dyspnoea is very great, compelling the patient to lie on the back with the shoulders very much elevated.

Fever occurs with the invasion of the disease; the pulse varies much in frequency in different cases, ranging from 80 to 120 per minute, and is full and hard. When the temperature rises above 104° F. it denotes great severity of the case (Ziemssen speaks of a case terminating favorably when the temperature had reached 107.2°). A sudden increase of temperature indicates the invasion of a new lobe or some intercurrent affection, rarely accompanied by a chill. A notable decrease of temperature sometimes precedes the fall of the pulse and improvement in the case. During convalescence the pulse frequently falls below what is normal, sometimes to 40 per minute.

Pneumonia has been divided into stages by pathologists

according to the anatomical characters at the different periods of the disease. The *first stage* embraces the period during which the affected part is congested. We find slight dulness on percussion over the affected part; the respiratory murmur is very feeble and crepitation distinct, as revealed by auscultation. When the disease is confined to the lower lobes there is nothing gained by physical examination of the other lobes of the same side; but in the other lung, if the disorder is not double, the respiration will be more distinct than normal, owing to greater activity. Usually as early as the third day the disease enters its *second stage*, that of *hepatization* (Flint speaks of this state occurring in a few hours in one case). The dulness on percussion becomes more marked and extended; bronchial respiration will soon take the place of the feeble vesicular murmur and crepitation. Now all the general symptoms are increased in severity; the fever is more intense, pulse more frequent, the respirations more hurried, cough more troublesome, and the expectoration viscid and rusty. It will be noticed that the pulsations of the heart do not increase in proportion to the number of respirations. These symptoms are more severe after the middle of the day, and continue so until the turn of the night, when they gradually become milder and allow some little rest, provided the extent of the lesion is slight; but if great, you will find very little modification in any of the symptoms until the disorder has passed its climax.

The appearance of a vesicular eruption around the mouth during this stage is considered as a favorable sign. The stage of *hepatization* lasts from two to four days—in some cases longer—when we enter the *third stage*, that of *resolution*. The pulse now becomes less frequent; the cough not so annoying; the expectoration is more easy, less tenacious and rusty; the fever not so high; urine more abundant; the bowels more regular; the tongue clammy; the appetite improving and the patient on the way to a speedy convalescence. After resolution has set in we may distinguish by auscultation the crepitant sounds as heard in the first stage. The improvement in the respiratory sounds always commences at the upper part of the lung. Dulness disappears in proportion as resolution advances until the sounds are normal. Should the disease pursue an unfavorable course, the *third stage* may be one of suppuration or purulent infiltration, formation of abscess, and generally ends fatally in a short time. The pulse grows feebler and more frequent; the expectoration is abundant and puru-

lent, or may cease. The strength of the patient fails. The nose first, and then hands and feet, become cold, and death takes place by exhaustion of the heart or by suffocation. Gangrene may set in during this stage, which we may recognize by the decomposed pulmonary tissue and its foul smell, the general collapse and colliquative sweats; this occurs most frequently in pneumonia of drunkards.

Pathologists have described different forms of pneumonia, which we will simply call attention to, as the chapter on treatment will explain more fully these varieties in applying the remedies to each individual case.

Chronic Pneumonia.—When the infiltration remains after an acute attack of pneumonia; it does not affect the organism at all, or else keeps it in a long-lasting state of debility. The fever accompanying such cases is of a hectic character. The patient looks like one suffering from tuberculosis. Abscess may form, and death take place from exhaustion or the invasion of some acute disease.

Catarrhal pneumonia is almost entirely an affection of infancy, and usually a secondary trouble; occurs in consequence of the inflammatory process spreading from the bronchii to the pulmonary cells; is almost always confined to single lobes, and on this account the name *lobular pneumonia* has been given it. The invasion of the disease is often marked by convulsions, such as may occur in other acute affections. Catarrhal symptoms of the chest and bowels follow, fever, dyspnoea, superficial respiration with fanlike motion of the nostrils, moaning, frequency of pulse, red or pale face, hot head, excited or soporous condition. Should the symptoms not moderate soon the face assumes a livid hue, and death ensues in a few days. If the disease make a turn for the better the cough becomes loose, respiration freer, and everything seems tending slowly toward a favorable end. Cerebral symptoms are said to accompany inflammation of the upper lobes much more frequently than of the lower.

Pneumonia may occur during an epidemic of some malarial fever, as typhoid, and will run a course as though it was simply a complication of the fever, which is at times the case. Patients present the general indications of typhus, and frequently signs of enteric irritation, with physical indications of pneumonia.

Hypostatic pneumonia may occur in patients debilitated from sickness and lying in one position for a long time. The blood gravitates to the lowest portion of the lung, the blood-

vessels give way, and an exudation of blood or serum takes place. There is little or no fever at first; percussion reveals dulness at the lower angle of the scapula, which extends as the disease progresses; respiratory sounds diminish.

Pneumonia from Embolism.—If one of the small vessels is closed, there may be no symptoms follow, but if one of the larger ones, there will be great dyspnœa coming on suddenly. Fever may be present or not. The general history will have to be taken into consideration in forming a diagnosis.

There are certain symptoms belonging to the clinical history of pneumonia not included in the foregoing. One is, the change in the urine: during resolution the chlorides are absent, and are recognized in the expectoration, as will be mentioned in the section on diagnosis. Albumen may be present in the urine, but if in any quantity it denotes renal complication.

Functional derangements of the heart are often noticed during the course of the disease, and are always looked upon as dangerous complications.

The jaundiced condition which we meet with denotes congestion of the liver.

Tubercular infiltration may take place during the stage of hepatization, especially when the upper lobe is the seat of the trouble.

The average time for an attack of pneumonia to run its course is from twelve to fourteen days.

Pneumonia attacks some portions of the lungs more frequently than others, as will be shown from the annual reports of the Vienna hospitals, during a period of twelve years. In 7747 cases treated,

| | | |
|----|-----------|-------------------------------|
| 53 | per cent. | were cases of the right lung; |
| 37 | " | " " left " |
| 10 | " | " " both " |

Pneumonia commences in the lower lobes in a much greater proportion than in the upper. C. F. BINGAMAN, M.D.

ANATOMICAL AND PATHOLOGICAL CHANGES.—Pneumonia has been divided by pathologists into three varieties, namely, catarrhal, serous and croupous pneumonia; and for the sake of pathological exactness, in a paper of this kind, I have thought it well to mention the different varieties. Catarrhal pneumonia, says Dr. Raue, is in fact but a bronchitis,

extending into the finest or capillary bronchi, and is by some authors called *capillary* bronchitis. Like all catarrhal inflammations it is characterized by a hyperæmic state of the mucous membrane lining the bronchi affected, causing abnormal secretions, and, if long continued, a gradual change in the structure of the parts; the mucous membrane appears injected, ecchymosed, infiltrated, opaque, swollen, and covered with secretion.

In serous pneumonia there is an exudation in the air-cells and finer bronchial tubes of a serous fluid; sometimes it is confined to a small portion, and at others extends over the whole lung. It may be either acute or chronic. When acute, the lung-tissue is injected with blood, tense, leaving on pressure no dent; on section there oozes out of it a bloody serum, which contains much albumen; all the air is driven out by the serum, and the lung is easily torn. In the chronic variety the lung-tissue appears pale and is tough; upon pressure a dent remains; the serum is of a pale-yellowish color, thin, and contains but little albumen; the lung is heavy and puffed, similar to other dropsical swellings, and deprived of air as far as the infiltration of the serum extends. The acute variety develops itself in consequence of congestion during catarrhal affections, measles, scarlet fever, small-pox and typhus; also during croupous pneumonia, pleurisy, pneumothorax and emphysema. The chronic form is found mostly accompanying heart disease, tuberculosis, Bright's disease, or as a complication with hydrothorax and ascites.

In croupous pneumonia, the first appreciable change resulting from inflammation of the lungs is the same as that noticed in other structures, namely, an abnormal accumulation of blood, or hyperæmia, due to active congestion or engorgement; the inflamed lung-tissue is heavier than in its normal state; on section the cut surfaces present a dark appearance, and blood flows in abundance, intermingled with serous liquid, more or less frothy; the appearance of the lung at this stage of the disease much resembles that caused by hypostatic congestion. But the latter affects the portions which are dependent, and are not confined to one lung, while the former is usually confined to one side, and not always limited to the portions into which the blood would accumulate by gravitation; the air-cells are not yet obliterated, and, though somewhat obstructed by extravasation, still contain air; the lung-tissue is more compact and heavy, but less tenacious than in health, and notwithstanding its increased density, still floats

in water. This condition lasts but a short time, and extravasation soon sets in; a coagulating material escapes from the blood, and coagulates within the air-cells; the cells are filled with the exuded matter, and cease to contain air; the lung-tissue becomes solidified, and in appearance much resembles that of the liver, and has been termed the stage of hepatization; the weight of the affected parts is much increased, a single lobe frequently weighing from one to two pounds; on section the cut surfaces have a granular appearance, and more or less liquid escapes; the substance of the lung is softened and easily broken down by pressure under the finger; upon examination under the microscope, the substance filling the air-cells is found to be composed of molecular matter, supposed by Flint to be composed of amorphous fibrin or lymph in a granular form, epithelium, fatty granules and blood-disks. If the progress of the disease be favorable, the exuded matter within the air-cells is removed (according to Flint) by absorption, while Rindfleisch and others think that it is mainly by expectoration. After the removal of the morbid products contained within the cells, they are found to have sustained no damage, circulation is restored, and the functional activity of the affected structures gradually returns. But if the progress of the disease be unfavorable, absorption of the morbid products within the air-cells does not take place, and the affected lobe or lobes are infiltrated with liquefied fibrin and pus. This condition is called purulent infiltration; the lung presents a grayish appearance when divided, a purulent liquid flows freely from the cut surfaces; the substance is much softened, breaking down on slight pressure; occasionally collections of pus take place, forming pulmonary abscesses; gangrene of the affected portion of the lung sometimes occurs, but this as well as the occurrence of abscess is extremely rare. Pleurisy, limited to the affected lobe or lobes, usually occurs, and is developed coincidentally with the pneumonitis; in some cases the concurrent pleuritis is wanting; it varies much in degree in different cases, being sometimes slight and at other times severe. Much liquid effusion into the pleural cavity occurs only as an exception to the rule. The pleuritis, in most cases, is circumscribed and dry. More or less bronchitis affecting the bronchial tubes within the affected portion of lung-tissue usually exists with pneumonia; in some cases, however, the pneumonitis passes through its whole course without affording any evidence of this limited bronchitis. Bronchitis affecting the bronchial tubes of both lungs is some-

times, but rarely, present in pneumonia. When these two affections are combined, it is accidental. Bronchitis as the primary affection does not tend to the development of pneumonitis, and the latter has no tendency to give rise to bronchitis, except within the affected lobe or lobes.

ROBERT RAMAGE, M.D.

DIFFERENTIAL DIAGNOSIS.—Pneumonia, when the disease pursues its typical course, is readily diagnosed from other affections. Its distinctive features are so pronounced that it is rarely mistaken for any other disease. Occasionally, however, a given attack may fail to exhibit all the usual symptoms, a part may be obscured or absent. It is in such cases that a knowledge of differential points proves useful. A number of diseases bear more or less resemblance to pneumonia, but as the majority of them occur less frequently, they are more likely to be mistaken for it than *vice versa*. The chief symptoms of inflammation of the lungs are: hot, dry skin, flushed face, quick pulse, extremely rapid respiration, pain in the chest, cough and peculiar expectoration. As the clinical history is embraced in another department, we will simply treat of a few of the most important diagnostic symptoms. The characteristic expectoration consists, at first, of a dry, glairy mucus, which clings tenaciously to whatever it touches; as the disease progresses it becomes more viscid and assumes the rusty color produced by the intimate admixture of blood with the mucus and exuded matter; sometimes it becomes purulent or assumes the appearance of prune-juice, both of which symptoms indicate the destruction of lung-tissue. Another marked symptom is the increased frequency of respiration; the patient draws from forty to eighty breaths per minute. The pulse, though very rapid, is not accelerated in proportion, as in other fevers. Notwithstanding the severity of the febrile symptoms, cerebral disturbance is rarely met with, and its appearance always indicates great danger. The flush on the cheeks is peculiar; it is almost always present, but is much darker and more clearly defined when the apex of the lung is affected. The urine presents the usual characteristics of fever, with the additional peculiarity that in pneumonia the chlorides disappear from it, and, instead, can be detected in comparatively large quantities in the expectoration. It is said that a reappearance of the chlorides in the urine is always followed by a favorable change within twenty-four hours. The physical signs of

pneumonia are very prominent. The crepitant râle during each inspiration, in the first stage, can generally be relied upon. In the stage of red hepatization are perceived dulness on percussion, blowing respiration and increased vocal fremitus. Râles from accompanying bronchitis and pleuritic friction-sounds are sometimes heard. The above are distinctive symptoms, not common to other diseases, and when present determine the diagnosis beyond a doubt. Among the diseases which in part resemble pneumonia are acute phthisis, pleuritis and bronchitis, pulmonary apoplexy, pulmonary œdema, and pulmonary engorgement in fevers. A very acute case of phthisis might possibly be mistaken for pneumonia; still, the presence of chlorides in the urine, the difference in the comparative frequency of pulse and respiration, and the absence of rust, ought to be sufficient to exclude the latter from consideration. In cases of acute bronchitis the absence of dulness on percussion affords a sure means of distinguishing it from pneumonia; and further, in bronchitis the fever is less severe, the dyspnœa less, the cough more paroxysmal, more pain in the limbs, coryza and a yellowish-green expectoration. Between acute pleurisy and pneumonia Da Costa makes the following distinctions. We find

IN PLEURISY.

1. Sharp pain; friction-sound; dry cough; impaired chest motion.
2. In stage of effusion, obliteration of intercostal spaces; enlargement of side; displacement of viscera.
3. In majority of cases, dulness with enfeebled or absent respiration, voice and fremitus.
4. Sputa frothy, rarely any râles in chest.
5. Febrile symptoms usually slight.

IN PNEUMONIA.

1. Dull pain; crepitant râle; cough followed by expectoration.
2. In stage of hepatization none of these signs are manifest.
3. Dulness, with marked bronchial respiration; distinct thoracic voice; increased vocal fremitus.
4. Sputa rusty color; râles from accompanying bronchial inflammation common.
5. Febrile symptoms severe.

Pulmonary apoplexy, or effusion of blood into the tissues of the lung, is a rare affection. It is generally accompanied by external hæmorrhage and dyspnœa. Over the effused blood there is dulness on percussion, and around it moist râles are heard. These symptoms resemble those of pneumonia, but we miss the fever and other diagnostic points. The dyspnœa occasioned by the two diseases differs. In pneu-

monia it gradually increases with the increasing severity of the malady, while in apoplexy it is greatest when the blood is extravasated and afterwards declines. Heart disease is generally associated with pulmonary apoplexy as its cause. Pulmonary œdema, or transudation of serum into the air-cells, is sometimes met with. It may be acute, but is generally chronic, and is seen as dropsy of the air-cells associated with dropsies elsewhere, and in connection with organic disease of the liver, heart or kidneys. Its characteristic manifestations are: embarrassed breathing, expectoration of frothy serum, and crepitating and very fine bubbling sounds diffused over both lungs. These symptoms may mislead, but a careful scrutiny of the case will render the diagnosis easy. In fevers of a low type a crepitant râle, caused by pulmonary congestion, is often heard at the back part of the chest. It is usually noticed over both lungs, and this fact, in connection with the history of the case, and the absence of other signs and symptoms, removes all cause for error.

PROGNOSIS.—The gravity and danger in cases of pneumonia proceed not so much from the disease, *per se*, the inherent tendency of which is towards recovery, as from coexisting affections and other incidental circumstances. In forming an opinion the age of the patient and the side involved should receive especial consideration. The fatality in persons between 21 and 30 years of age is 9.3 per cent.; from 30 to 40, 3.7 per cent.; from 40 to 50, 13.3 per cent.; from 50 to 60, 47 per cent.; from 60 to 70, 55.5 per cent.; from 70 to 80, 83.3 per cent. Again, the right lung is broader and shorter than the left, therefore infiltration to the same level would produce greater disorder in the right lung than in the left, because more respiratory surface would be lost. There is also greater resistance to the return of blood to the heart from the right side than from the left, the vein from the former having a longer path to traverse, and therefore venous stagnation more frequently causes œdema in the right lung than in the left. Accordingly deaths from right pneumonia occur more frequently than from left pneumonia, in the proportion of nearly 15 to 6. In cases occurring as a primary disease, limited to a lower lobe, remaining uncomplicated, and the person affected having a fair constitution, the rule is recovery. Of 133 cases analyzed by Flint, in only two of the fatal cases was the disease limited to one lobe, and not complicated or associated with other affections. In one of these two cases the disease was seated in an upper lobe, and eventuated in

abscess. The danger is greatly increased if the inflammation be developed in the course of any specific disease, or is complicated by pericarditis or delirium tremens, or if it occurs in persons affected with organic disease of the heart. Gangrene or abscess renders the prognosis very unfavorable. A typhoid condition, involving increased danger, is indicated by frequency and feebleness of the pulse; great frequency and labor of respiration; lividity of the prolabia and face; an abundant purulent or muco-purulent expectoration; bloody or dark-colored sputa; active, violent delirium, or low, muttering delirium, with prostration and subsultus tendinum. Dr. Flint refers to the formation of heart-clot as one of the most frequent causes of death. In the majority of fatal cases death takes place by asthenia in combination with apnœa, the former predominating. Pleuritic effusion, or the rapid invasion of two or three lobes, increases the danger from apnœa. When convalescence takes place it usually progresses to complete recovery. The tendency to pass into a chronic form is exceedingly slight. Nor is there any tendency to relapse. Tuberculous deposit rarely becomes developed as the sequel of pneumonitis. When phthisis follows, the deposit of tubercle probably existed prior to the pneumonia. The mode of treatment influences the prognosis greatly. The following will show the comparative rate of mortality under the different systems of treatment. In the Vienna General Hospital, during the years 1850-52-53, the mortality was from 21 to 22 per cent. Of 1522 cases treated collectively in the Glasgow Infirmary, the Vienna General Hospital, and by Drs. Walsh, Taylor and Peacock, of London, 24 per cent. were fatal. In the Vienna Homœopathic Hospital, during 1850-51-52, the rate of mortality was from six to seven per cent. Of 783 cases treated in the German Homœopathic Hospital, a little over five per cent. died. The practical bearing of the above statistics is very apparent.

The influence of pneumonia on pregnancy is such that abortion always, and death frequently, occurs. In consequence of the impairment of the respiratory functions carbonic acid gas accumulates in the blood, in a greater or less degree, and causes the death of the fœtus, which is followed, necessarily, by abortion.

JOHN C. KING, M.D.

TREATMENT.—We propose, in giving the treatment of this disease, to take the remedies alphabetically, noting their more prominent characteristic indications; remarking, however, that as auscultation and percussion may furnish us with a *knowledge of the condition of the lungs*, they become *helps*, but not *authority* in the selection of the remedy. This knowledge may direct us to the *class of remedies* from which the proper one may be chosen. The individualization of the remedy must be reached by the comparison of the symptoms with the drug.

Under Bryonia, Phosphorus, and Tartar emetic you will find extracts quoted from an article by S. Lilienthal, M.D., in the *Transactions of the Homœopathic Medical Society of the State of New York*, 1873 and 1874. Here permit me to say that the careful perusal of this article will amply repay any who have not yet read it.

Aconite.—In first stage, in robust individuals. Intense fever, preceded by chill, hot dry skin, quick and hard pulse; accelerated, labored, incomplete respiration, with restlessness; palpitation of heart, fear of death, dry cough. When splenization is present, percussion-sound is still clear, and crepitating râles are distinctly audible. Pulmonary hyperæmia. Sputa thin, frothy and tinged with blood.

Arnica.—Where the disease is caused by mechanical injury, and where in plethoric individuals pneumonic infiltration has a tendency to hæmorrhage.

Arsenicum.—In cases complicated with extreme prostration; clammy perspiration; urgent thirst, drinking little and often. Shortness of breath on slight exertion. Dry and dark tongue and lips; diarrhœa; singing and buzzing in ears; tendency to colliquation and dissolution; periodicity of more prominent symptoms; aggravation during rest; threatened gangrene, with ichorous expectoration. In asthmatic persons. In old people, and where it arises from repercussed eruptions. If œdema of lungs sets in all at once, with passive hyperæmia of the lungs, as not unfrequently occasioned by defects of the right side of the heart. In hypostatic pneumonia. Hoarse after midnight. Sudaminæ.

Belladonna.—Pneumonia with cerebral irritation. Turgor venosum; delirium; sleepiness, with inability to go to sleep; aggravation at 3 P.M. Pneumonia arising from or accompanying acute bronchitis. In very old people and the pneumonia

of drunkards. Pneumonia of a typhoid character from beginning.

Bryonia.—Cough, attended with expectoration of viscid or tenacious mucus of a brickdust color. Shooting pains in chest. Pain increased by moaning or breathing; breathes with help of abdominal muscles. Better from lying down and on affected side. Foul tongue; constipation. Tonical effect is to produce exudations in the lungs. In second stages. Red hepatization is fully developed. When the stomach is inactive and the liver is engorged and somewhat painful. When you have added a gastric catarrh. Desire for large draughts of water, or little or no thirst, with dryness in the mouth.

S. Lilienthal, M.D., says: "The bronchial arteries are exposed to the influence of this remedy, and as these branch off into the pleura, the latter will also be affected by it. *Bryonia* must, therefore, be the remedy in diseases of the lungs, which have to be considered as continuation from the pleura. That such a one always will be lobular, the division of the blood-vessels teaches us."

Carbo veg.—It is the third or suppurative stage that presents a symptomatic picture for the employment of charcoal. Profuse cool perspiration. Pulse small and rapid; great prostration. Great weakness; feels fatigued; tongue dry; little or no thirst; foul, decaying diarrhœic stools; breath foul; craves cold air; foulness of all secretions; rattling in chest; distressing cough, without any expectoration. Incipient paralysis; bloated face; veins injected. Old people; chronic. Abscess and gangrene set in. Sputa fetid and badly colored. In emphysematous individuals. In pneumonia complicated with defect of the right heart. Where the inflamed lung is suffering from chronic catarrh; where complicated with acute bronchitis.

Chelidonium.—Right side; bilious symptoms. Pain under right shoulder-blade; great and quite irregular palpitation of heart. Stitches in left chest during an inspiration.

China.—Indicated more on account of its general effect upon the organism than on account of its specific action upon the lungs. Better indicated where bleeding has been resorted to, and the strength of the patient is very much reduced. If hectic symptoms have set in, with marked prostration of all reaction, or if, during the subsequent course of the disease, the threatening pulmonary symptoms become associated with hyperæmia of the liver, icterus, intestinal

catarrh, violent distress in the stomach. Chronic pneumonia.

Cuprum.—Abscess in the lung has been found in cases of poisoning by copper. Useful when complicated with whooping-cough. Lobular pneumonia; when formation of abscess threatens. Previous catarrh in chest, with cough, or in bowels, with diarrhœa. Sudden dyspnœa, with suffocation; face earthy, dirty, bluish, roof of mouth always red; sweat sour-smelling; diarrhœa. Threatened paralysis in children.

Digitalis.—When there are marked symptoms of passive hyperæmia of the brain, it either removes or moderates the threatening symptoms of an imperfect return of blood from the brain.

This remedy is to be thought of in affections of the heart, whether they existed as chronic affections previous to the occurrence of pneumonia, or whether they occur as acute affections during the course of pneumonia. Acute dyspnœa is aggravated by their presence, an active as well as passive hyperæmia of the brain sets in much more readily, and the resolution of the exudatum is much retarded and rendered much more doubtful by such a complication.

Especially useful when such complications occur in old people.

Ferrum.—No ailments previous to the chill; dyspnœa increases slowly; face pale, and in adults becomes collapsed, hippocratic or expressionless, stiff and stupid; the roof of mouth always white; skin neither cold nor burning hot; laxity of fibre and a weak, easily compressible pulse, are found in senile pneumonia, where this remedy acts promptly.

Hepar sul.—Preferable after third stage has set in, when symptoms are comparatively mild, a lentescent fever is present and the suppurative process does not extend over a large portion of the lung. Acts well in young and vigorous children. In chronic pneumonia, if after suppressed inflammation, profuse purulent expectoration sets in. Has effected a cure of pulmonary abscess.

Hyoscyamus.—Toxicological post-mortem appearances exhibit marked hyperæmia of the lungs, but they are filled with a black fluid blood, and are infiltrated with serum. This remedy should be considered valuable in hypostatic pneumonia when supervening during the course of other chronic affections; in pneumonia complicated with typhus; in pneumonia of old people and when acute œdema of the lungs sets in. A violent delirium, with loquaciousness and merriment, should always direct our attention to this remedy.

As an intercurrent remedy, it is often admirably useful in nocturnal, spasmodic, dry cough, such as frequently occurs in pneumonia during the prevalence of influenza.

Iodine.—May be used in the pneumonic state which originates from tubercles in the lungs, or when the suppurative process goes on without any marked febrile symptoms, assuming rather the form of a slowly progressing hectic condition, entirely confined to the lungs.

Ipecacuanha.—When respiration is very rapid and difficult. Hyperemia of the brain without sopor. Convulsions; an exceedingly spasmodic cough, with suffocative paroxysms and asthmatic complaints, which even remain after the cough; loud mucous râles in the chest; coldness of the extremities and heat of the head are the chief indications for this remedy, not forgetting whooping-cough as a complication.

Kali bromide.—In case of drunkards.

Kali bichrom.—Morning aggravation, with characteristic tough, stringy expectoration.

Kali carbonicum.—Worse in morning; asthmatic; whooping-cough; inflammation of lungs, with stitches and tearing in chest, suppuration and abscess.

Kreasotum.—Dry, wheezing cough; oppression of the chest. Gangrene of lungs cured by Dr. L. H. Willard.

Lachesis.—Great dyspnoea, worse in afternoon or after sleep; left side; badly smelling stools even if formed; thread-like pulse; clammy sweats. In chronic form. If third stage has arrived, with purulent dissolution of the exudation. In asthmatic and old persons. In threatened gangrene of the lungs (fetid breath and sputa).

Lycopodium.—Circumscribed redness of the face; sweat without relief; fanlike motion of the nostrils; copious expectoration, which affords no relief; red, sandlike sediment in the urine; worse from 4 to 8 P.M. Typhoid or neglected pneumonia, after suppressed menses.

Mercurius.—When the fever is not so active; pain and difficulty of breathing still continues, with profuse night sweats; pulse weak but frequent. Bilious pneumonia. Great tenderness over the region of the stomach and liver; pain in right side. In asthenic pneumonia feeling of weight in lungs, short cough and expectoration of bloody saliva. Pneumonia complicated with bronchitis. This form is generally epidemic, and when so, this is always a leading remedy. Likewise for catarrh accompanied by a deep irritation of the nervous system, the nose, larynx and trachea become affected slightly for

a few days ; suddenly the fever becomes more violent, the catarrhal secretion ceases, dyspnoea sets in, together with a spasmodic, generally nocturnal cough, without any or with a yellow-green, blood-streaked expectoration ; skin burning hot, at times covered with copious sweat ; tongue yellow and soon becomes dry ; senses dulled ; violent headache, soporose condition, with light delirium ; complains of little or no pain.

This remedy is especially suitable to cases of pneumonia of children, which generally assumes the lobular form, the more so the younger the individuals.

Moschus.—In irregular reactions or insufficient crisis in asthenic, torpid inflammation of the lungs, which frequently take place in consequence of bleedings ; this remedy may be useful, among others, in apparently hopeless cases.

Muriatic acid.—Pneumonia with pleuritic exudations. Typhoid characteristics.

Natrum ars.—In pneumonia complicated with asthma. Where pains are of a stitching character in costo-cartilaginous region. In tardy convalescence.

Nitric acid and Phosphoric acid.—May be mentioned as intercurrent remedies on account of their general action more than their special relation to the lungs ; they deserve attention during the whole course of the third stage. Useful in protracted cases in weak cachectic individuals, where there is a sudden abatement of pain, and yet an increase of the pulse in smallness and quickness.

Nitrum.—Annoying feeling of heaviness in the chest, as if some great load were pressing the thorax together ; can drink only little sips for want of breath ; great dyspnoea, must lie with head high ; stitching pains in the chest and bloody expectoration. Suppuration of the lungs, with profuse (colliquative) perspiration.

Nux vomica.—In pneumonia and bronchitis combined. Indicated in secondary pneumonic processes, in pneumotypus, in delirium tremens complicated with inflammation of the lungs, and in various forms of so-called nervous pneumonia.

Opium.—Symptoms originating during or aggravated by sleep ; absence of pain, except a constrictive sensation on the chest ; labored, rattling respiration, or very slow, almost imperceptible, even suspended breathing ; sudden blueness of the face ; staring, immovable, half-closed eyes ; somnolence before or after an attack ; trembling, twitching and jerking about the whole body, or else rigidity of the body ; general

coolness of the skin; irregular, intermittent pulse; constipation. Opium caused pneumonic infiltration in case of a child that died from poisoning by this drug. In infantile pneumonia, especially where the pulmonary inflammation is absolutely disguised by symptoms of cerebral congestion and oppression. Note particularly the cyanotic color of the upper part of the body, with a slow, stertorous respiration, which must evidently be regarded as a sign of paralysis proceeding from the brain. In old age we meet with a similar picture of pneumonia. When all medicines are ineffectual, where considerable cerebral symptoms are present, Opium generally brings back the central nervous system again to its normal activity, and consequently secures a normal reaction. In pneumonia and many other diseases of drunkards, the excellence of this drug is accounted for by a similar train of argumentation.

Phosphorus.—Dulness of sound on percussion; bronchial respiration, frequently attended with crepitation or rattling. On dissection of animals poisoned by Phosphorus, the vessels of the lungs exhibited a state of hepatization; before death, panting, difficult breathing and vomiting of large quantities of a bloody serous-looking substance. In a human subject poisoned, the inferior lobes were of a firm consistence and gorged with venous blood.

S. Lilienthal, M.D., says: "Phosphorus is the representative for diseases of the pulmonary arteries. It causes great stagnation of the blood in the pulmonary arteries, with traces of a single coagulum. Such diseases are always lobar, because the pulmonary arteries form the capillarity of the alveoles. Phosphorus also causes infarcto, embolies, pyæmic clots, and is, therefore, *the* remedy for such diseases, except when the adjective of the disease requires another remedy."

Coughing increases the difficulty of breathing. Pleuro-pneumonic inflammations, in which the pleura is pretty extensively implicated, particularly in the second stage, when mucus or sanguineous mucus is expectorated. Tightness across the chest, with a dry cough and rust-colored sputa. A large portion of the lung involved, great dyspnœa. Sensation of weakness. When verging on the third stage, we have purulent infiltration of the parenchyma, with mental depression, slight delirium, carpologia and subsultus tendinum, rapid prostration of strength, cold, clammy sweats, small, feeble, frequent pulse, dim eyes, sunken features, dry lips and tongue, short, laborious breathing, oppression and anxiety, tedious

cough and expectoration, frequent loose and involuntary stools, or long, narrow, hard stools, very difficult to expel. Threatened paralysis of the lungs. Tall slender persons, and those who are weak-chested.

Pulsatilla.—Principally recommended in the pneumonia of anæmic and chlorotic individuals; in such cases it is evidently the general spasmodic condition of the organism, not the local affection, that has been had in view.

Rhus radicans.—In a case complicated with pains in the chest or sides, or of a rheumatic character, this remedy may be advantageously employed.

Rhus toxicodendron.—Typhoid pneumonia. Epidemic pneumonia, and when the catarrh is dry and malignant fever symptoms manifest themselves. Among the symptoms we find: loss of strength, sopor, hardness of hearing, subsultus tendinum, unconscious discharge of stool and urine, dryness and heat of skin, hard, dry and sooty tongue.

The dyspnœa of *Rhus tox.* is peculiar and occasioned by distension of the pit of the stomach. *Rhus* has a tendency to cause exanthems, therefore is useful in case miliaria break out. Pneumonia setting in from the commencement with adynamic fever.

If in the first two days the diagnosis wavers between typhus and pneumonia; if the local process commences at the outset as if modified by a general determination of the mass of blood this will be the remedy.

Rhus expectoration is the color of brickdust or bloody. Pains aggravated by rest; patient tosses about in vain to get relief. Worse at night. Tearing rasping cough. Tongue red at tip.

Sambucus.—In old persons, and in asthmatic individuals.

Sanguinaria.—In second and third stages. Great difficulty in breathing; lies upon back, with head elevated. Not much pain in chest, but that of a stitching burning character; pulse quick and small. Face and extremities inclined to be cold, or hands and feet burning, with circumscribed redness and burning heat of the cheeks, especially in the afternoon. Cough with tough and rust-colored expectoration. This remedy is spoken highly of by Dr. C. Hering.

Senega.—According to its pathogenesis, is to some extent a remedy for pneumonia; but its therapeutic value in this respect is very much diminished, in that the painful sensations which it occasions in the thorax are more particularly felt on the outside. In other respects it is particularly adapted

to diseases of the respiratory mucous membrane, and for this reason, to pneumonia complicated with bronchitis.

Sepia and *Silicea*, by their local as well as general symptoms, are important in excessively slow, purulent, as well as in true chronic pneumonia. In neglected pneumonia, with copious, very offensive expectoration, these remedies are found especially effective.

Spongia.—Broncho and croupous pneumonia. Expectoration tastes sour or salty. Worse when lying down; wheezing, anxious breathing; burning and soreness in chest; congestion of chest.

Squilla.—Useful in forwarding the crisis. In pneumonia accompanied with gastric symptoms, and where the expectoration is copious, or in cases which had previously been treated by venesection, and other remedies had failed to rouse the sinking energies of the patient. Pain in chest worse in morning. Morning cough worse than evening cough, although expectoration in former is copious and thin.

Sulphur.—There is quite a diversity of opinion in regard to this remedy in pneumonia. Jahr, in his *Forty Years' Practice*, says: "I know of no better remedy. If diarrhœa supervenes, Sulphur is indicated above every other remedy. If the inflammation has entered upon the second stage, that of hepatization, with a dull percussion-sound without resonance and bronchophony, Sulphur is the chief remedy. In all neglected cases it should be used. In pneumonia occulta, lentescent pneumonia, Sulphur is the specific. In typhoid, when all others fail, this is the remedy." Marcy and Hunt say: "It is important in certain protracted cases, occurring in psoric or scrofulous subjects, and which threaten to terminate in phthisis. Indeed, in most cases of chronic pneumonia which seem to have arrived at a fixed point, the patient neither improving nor apparently retrograding, we should always bear in mind this powerful antipsoric." Baehr objects to Clotar Müller's views, not believing that Sulphur ever meets synochal febrile symptoms.

Baehr says: "In our opinion, Sulphur is indicated if pneumonia passes through its first two stages without any great deviations from the normal course, or without any striking changes, and then remains stationary without the supervention of any typhoid symptoms, such as occur in pneumonias to which Phosphorus is specially adapted. The patients do not seem extremely ill; the fever may be intense, or may have commenced to abate; in this condition the disease has often

continued for weeks; this is most frequently observed in pneumonias treated with venesection. Now is the period for the exhibition of Sulphur, and it is astonishing with what magical rapidity the organic reaction is sometimes kindled by this agent. It makes no difference whether the individual is otherwise diseased or not; whether dyscrasias, psora, tubercles are present or not. A deficiency of reaction, and a simultaneous absence of such symptoms as point directly to the destruction of the organic powers, constitute, in our opinion, the best indications for Sulphur. We agree with Wurmb, when he advises not to delay the employment of Sulphur too long; the fifth or sixth day is generally the best time for this medication."

Eidherr says, when exudation sets in—that is, when auscultation reveals the crepitation-sound, other symptoms are: Much rattling of phlegm in the chest; frequent weak, faint spells, and flashes of heat; feels suffocated; wants doors and windows open; constant heat on top of head.

Phosphorus, the great *pulmonary remedy*, does not act on the bronchi, and cannot therefore be indicated in such diseases from anatomical reasons. If the disease takes on a dangerous turn on account of dyspnœa or cyanosis the question arises, *Tartarus* or *Phosphorus*? The former gives intoxication by Carbon on account of paralysis through *serous infiltration*; *Phosphorus* on account of albuminous infiltration of the lungs.

Tartarus Emeticus.—In uncomplicated pneumonia this remedy is seldom indicated prior to the third stage. If resolution takes place rapidly, and the reabsorption is slow, and the dyspnœa becomes considerable, Tart. emet. acts well; also in bronchial complication; epidemic fever. Is more suitable for old people than for vigorous and young persons, although it is of the first importance in children when pneumonia is complicated with whooping-cough; or in pneumonia supervening during the presence of emphysema; likewise when catarrh of the stomach is present. Other symptoms are: Loose cough; cutting of phlegm in chest, which is not expectorated; great dyspnœa; short, difficult, oppressed breathing; impending paralysis of lungs; nausea with efforts to vomit; chest feels as if lined inside with velvet; bilious pneumonia.

Tartar emetic, says S. Lilienthal, M.D., produces catarrh in the finest bronchi. The bronchi are filled with a quantity of fluids; the alveoles contain serous masses (the fibrin is pushed long ago into the background). *Œdema pulmonum* is a collateral symptom of capillary bronchitis. The cure of

such a disease takes place by expectoration, and *Tartarus emeticus* causes such expectoration. It especially corresponds to the infantile constitution, and catarrhal pneumonia is exquisitely an infantile disease.

Terebinthina.—Baehr says: To what circumstance this remedy owes its recommendation for gangrene of the lungs cannot well be explained from a homœopathic standpoint; it will most probably exert a more specific curative effect when administered by inhalation than when conveyed to the diseased organ by the stomach.

Veratrum album.—Dyspnœa, with a slight rattling of mucus; dry and spasmodic cough, accompanied by marked cerebral congestion; a hurried and small pulse, cold skin and cold sweat, together with excessive debility. Also in croupous pneumonia, and when pneumonia supervenes during whooping-cough. In old people when complicated with cerebral hyperæmia.

Veratrum viride.—In the beginning, when congestion and inflammation have fairly set in, with strong, quick pulse; nausea and vomiting of a glairy mucus; sinking, faint feeling in pit of stomach; constant burning distress in the cardiac regions; regularly intermitting pulse.

Different authors mention *Asclepias tuberosa*, Ammonium carb., Ammonium mur., Aurum chlor., Baryta, Bromium, Camphor, Cannabis, Cantharis, Conium, Natrum mur., Zincum, etc., as remedies to be consulted. We will now call attention to the accessory means to be used in this disease.

The patient should be placed in a clean room, of easy ventilation, in a comfortable bed, with light woollen blankets; keeping the temperature at about 55° Fahr. If it be necessary to raise the temperature by fire in a stove, have a vessel with water in it on the same, so that the dryness of the heat may be modified by the vapors from the water. Too high a temperature in the sick-room not only makes the patient uncomfortable, but renders him more sensitive to the least exposure, and the slightest draught of air will aggravate his condition.

Regularly sponging the face, neck and arms, and occasionally the entire body, will not only be of benefit, but greatly refreshes the sufferer. The temperature of the water should be but little lower than that of the room. The character of the air in the sick-room must receive attention; it should always be kept as pure as possible; too many persons in the room soon vitiate the atmosphere; nor should any strong odors be permitted. Strong-smelling disinfectants, such

as carbolic acid, chloride of lime, etc., should never be tolerated; finely pulverized charcoal, or dry, fresh earth in shallow pans, placed about the room, or cloths saturated with inodorous liquid disinfectants will answer all purposes. Do not omit the removal as soon as used of vessels containing fæces and urine. Do not darken the room, but place the bed in such a position that the light does not shine directly into the eyes of the patient. Patients, as a rule, make a better as well as a more speedy recovery if exposed to the light.

Another important point is the *posture* of the patient. He should not be laid quite flat, but somewhat propped up in bed; this posture—necessary in all inflammations of the chest—tends to obviate the stasis of blood in the lungs, by favoring its freer general circulation, and enables the patient to take an easier and deeper breath. The greatest danger to old people is the acute œdema, and the paralysis of the lungs by which the œdema is often speedily followed.

In order to obviate this event, the patient should be put on a nourishing diet and have a little stimulating wine given him, whatever the antiphlogistic theory may say against it. As an additional precaution the patient should be directed to change his position quite frequently, and keep the upper part of his body in a more or less vertical posture, lest hypostasis should set in, which otherwise might easily occur.

Juergensen says: "If the infiltration of the lung is extensive, it is not uncommon for attacks of syncope to occur, when the patient is obliged to sit upright for a length of time. This should be borne in mind in making an examination. I have seen alarming weakness of the heart's action follow immediately under such circumstances. The usual causes of collapse, such as loss of blood, severe diarrhœa, etc., may, of course, also contribute to such a result." Your attention is also called to another point. Care should be taken not to expose the patient's head to any radiating heat, such as having the head too near the stove or fire, as local affections of the brain may be produced by the influence of radiated heat upon the head. Juergensen in this connection remarks: "I should not lay as much stress upon this point, if I had not several times seen severe cerebral symptoms in children during pneumonia continue as long as the patient's head was exposed to the radiated heat of a very hot iron stove, and disappear as soon as the position was changed."

Besides the application of water in form of sponge-bath, great relief is often obtained from application of the wet

sheet, renewing it as often as the heat of the body demands it. A continuous poultice, made thick, of linseed meal, is one of the best methods of providing for the local loss of vitality. Spongiopiline or woollen batting to fit the chest in front and back like a bodice may be used. Anointing the chest and covering with oil-silk has also been used with good effect.

In pneumonia *anorexia* is a constant symptom, as it always is in the febrile state. In some cases it may be even more marked than in other diseases, on account of the urgent difficulty of respiration which occupies the patient's whole attention. He has no time to hold his breath, no time to swallow, least of all to masticate. Moreover, the act of swallowing frequently excites distressing and long-continued paroxysms of coughing. In many instances the patient endures the tormenting thirst rather than satisfy it at the expense of cough. This is seen most conspicuously in practice among children. In many cases the taking of anything into the stomach, food or medicine, causes retching and vomiting. Small pieces of ice swallowed when nausea is first felt will often prevent the vomiting.

This, ice, is the first article to be thought of in reference to diet; while the inflammation lasts the patient will want scarcely anything in the way of nourishment aside from drinks. Cold fresh water is the best drink, and should be withheld only when it provokes coughing; then the pounded ice may take its place. Toast-water, rice, or barley-water, mucilaginous drinks, sweetened with a little sugar, or if the sweetening causes acidity of the stomach, mix a little currant jelly with the water in place of sugar. Cleansing the mouth and teeth regularly not only refreshes the patient, but is an important aid in maintaining the appetite. Any food that is given should be seasoned with a sufficient quantity of common salt, which is valuable, too, on account of its nutritious properties. Water-soups and diluted milk with a little wheaten bread may answer for a time. If any appetite is manifested, although the fever has not abated and the temperature is still high, I would give several times a day some rare finely scraped meat with bread and butter, for the nourishment applied to the body protects its tissues from greater loss and renews what has already been lost. You may also give a small quantity of malt extract, or malt beer sweetened with a little sugar, not drank too often, will be found very refreshing. When the patient is very weak at an early period of the disease, good broth should be given; also in the case of a dynamic fever and

œdema of the lungs with cardiac exhaustion; in the latter may be included pneumonia of drunkards. Generous wine will be needed, or what may be preferable, the use of homœopathic alcohol used in connection with the medicine. The manner of using the alcohol in my practice has been to prepare the medicine in a two-ounce vial containing two drachms of alcohol, then filling up with water, giving, as the case may require, one or two teaspoonfuls for a dose. I have used this plan in the case of old people with good effect; there need be no fear of an undue stimulating. It is impossible, however, to lay down rules regulating the use of stimulants; each physician by close observation at the bedside will but satisfy himself when and how it is that an article which at one time acts as a friend in need, may at another become a foe indeed. Particular attention should be given to properly instructing those in attendance upon the patient, as much depends upon the timely use of different articles allowed by the physician.

Convalescence should be promoted by generous nourishment, especially using articles rich in albumen.

Attention is called to the development of the respiratory muscles. Says one authority of note:

"Every one who has gone through an attack of catarrhal pneumonia may be exposed, more than before, to the danger of becoming phthisical, and the best prophylactic against this is the development of powerful pectoral muscles."

"Vascular congestion," says Meyhoffer, of Nice, "considered in itself, is nothing but a paralytic condition of the capillaries; it follows that all the means which tend to restore their elasticity are its curatives. With regard to pulmonary congestion, we know no agent which has a more promptly vitalizing effect on the pulmonary vesicles than respiratory gymnastics. All prescriptions of this method which act especially on the upper lobes of the lung and solicit at the same time deep inspirations, produce in a given time a more beneficial effect than any other remedy."

The foregoing leads me to speak of the respiration regulator, which Dr. J. C. Burgher brought to the notice of the profession, in an able essay, read before the American Institute of Homœopathy, an account of which will be found in the published Transactions for 1873. I desire, in closing this article, to say that this instrument combines in its simplicity all the desirable points sought for, as a reliable and convenient aid to respiratory gymnastics.

WILLIAM R. CHILDS, M.D.

A CASE OF CHRONIC DIARRHŒA.

BY W. L. DODGE, M.D., PHILADELPHIA.

Miss Y——, aged 27, of nervous temperament, residing in Baltimore, came to Philadelphia to be treated for a diarrhœa of two years' standing. Her father had died of chronic diarrhœa. She came to me September 12th. She was then weak, emaciated, and having from six to twenty stools a day. Stools yellow, with a good deal of pain, and constant pain at umbilicus, which prevented her from standing straight. Tongue clean, and a good deal of nausea at times. Gave Ipecac. 1st^x trituration, one grain every three hours, confined her to a milk diet, to be taken every two hours, and then no more than half a glass at a time. The second dose of Ipecac. removed all pain, and in three weeks she returned cured. Gained very much in strength and flesh during treatment. Ordered her to keep upon milk diet for three months, and to take a dose of Ipecac. every second night for two or three months. Received a letter from her to-day, November 1st, saying she had continued well. I have found Ipecac. 1st^x superior to Sulphur or any other drug for the majority of cases of chronic diarrhœa. Have treated a great many cases of diarrhœa contracted during the late war, caused by miasmatic poison, which had lasted for years, and had been considered incurable by allopathic physicians, yet which yielded readily to Ipecac. and milk diet. It is useless to attempt to cure a case of chronic diarrhœa without confining a patient strictly to a milk diet, taken often and in small quantities at a time, and to be continued for a long time after the diarrhœa has ceased, for the reason the bowels become so weakened that if permission is given to take a stronger diet, they will go too far, and bring on a diarrhœa again. I have used high and low potencies of Ipecac., but come back to the 1st^x with more satisfactory results.

NAJA.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

SIR: Please allow me, through your journal, to call the attention of the profession to the fact that we have now a new and reliable supply of the very valuable drug, *Naja*. It has been prepared by Messrs. Thompson & Capper, homœopathic chemists of this town, in the same way and with the same care as our recent supply of *Crotalus* was; with, however, this slight difference, that in the case of *Crotalus* the original stock

was the pure venom in its naturally liquid state, received direct from the fang of the living snake, in this country; whereas, in the case of *Naja*, the original stock has been the pure venom that had been received and dried on glass in India, and brought to this country in small glass tubes, carefully sealed.

In the case of *Crotalus* the venom was, with the assistance of Dr. Drysdale, Dr. Proctor and Mr. Isaac Thompson, received in small glass vials direct from the fangs of the living animal, and immediately mixed with equal quantities of pure glycerin. This was afterwards, and before any dilutions were made from it, tested, by injecting a few drops of it underneath the skin of rabbits, birds and mice; death, with the usual symptoms, was the result within a few minutes. This preparation was then intrusted to Mr. Isaac Thompson, of the firm of Thompson & Capper, who added glycerin to it, so as to make the proportion one of the venom to nine of the glycerin, in order to make sure of preserving the venom free from decomposition; glycerin being the best menstruum for preserving animal substances from decomposition. This preparation of one in ten was called ϕ , as the strongest official preparation; and it is the preparation mentioned under that designation in the *Pharmacopœia*, 2d Ed., p. 123; and it is the preparation from which all our dilutions of *Crotalus* are now, or ought to be, made.

As an assurance that glycerin preserves the venom potent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years, half venom and half glycerin, and death, with the usual symptoms, was the result.

In the case of *Naja* we have had two supplies of the dried venom; one was presented to Messrs. Thompson & Capper, by Dr. S. H. Ramsbotham, of Leeds, and which was presented to him by a "medical friend, who received it direct from the Secretary of the 'Snake-poisoning Commission' in Calcutta;" the other was received by myself direct from Surgeon Edward Nicholson, of the Army Medical Department, and author of an excellent treatise on Indian snakes, and which he himself collected and brought over to this country.

As four drops of the liquid venom yield one grain of dry residue, these two supplies were separately dissolved in glycerin, in the proportion of one grain to three, so as to represent venom of the natural strength. These were then separately tested by Mr. Isaac Thompson and myself; of one of them as much as would represent one-fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat, death, with the usual symptoms, took place within fourteen minutes, and in the case of the dog within ninety-five minutes. Glycerin was then added to both so as to bring them up to one drop of the liquid venom in ten—the ϕ of the *Pharmacopœia*, and corresponding with that of *Crotalus*.

From these Messrs. Thompson & Capper have prepared the ordinary dilutions; and it is to be hoped that all homœopathic practitioners and chemists will procure a supply of this new and reliable preparation, which, as with *Crotalus*, may be had as low as the first centesimal dilution.

I am, gentlemen, yours truly,

JOHN W. HAYWARD, M.D.

LIVERPOOL, ENGLAND, December 1st, 1877.

PUBLICATIONS RECEIVED.

A TREATISE ON THE BREAST AND ITS SURGICAL DISEASES. By Homer I. Ostrom, M.D. Philadelphia: J. M. Stoddart & Co., 1877.

We have in this volume of 180 octavo pages a complete and exhaustive treatise on the mammary glands, and a valuable addition to the series of monographs that have appeared from time to time during the past decade. In the numerous references and footnotes, as well as in the wide range of topics considered, we find evidence of much care and research on the part of the author.

The book is divided into six parts. Part I is devoted to glands in general, their anatomy and physiology being carefully given. Part II considers the comparative anatomy of the mammary glands, and we find here many interesting facts in regard to those glands in the lower animals. Part III takes up the anatomy of the human mammary gland, while in Part IV is considered their function. In Part V is given the etiology of disease of the mammary glands. Part VI being devoted to diseases of the breast.

This portion of the book is divided into four chapters, and constitutes the greater part of the volume. Chapter 1 treats of anomalies of development. Chapter 2 of those diseases resulting from the introduction of animal parasites into the system. Chapter 3 is devoted to the consideration of those diseases associated with functional activity of the mammary glands, and includes diseases of the nipple and the various forms of inflammation and its products. Chapter 4 considers those diseases characterized by an abnormal growth of the gland tissues, or an increase of the histological elements of the gland; under this head is treated hypertrophy, carcinoma in the form of scirrhus and medullary cancer, and the several forms of tumors.

In addition to the surgical treatment of the various diseases, which is carefully given, we find a chapter on *Special Therapeutics*, in which the indications are clearly indicated for *seventy-one* remedies.

Finally, to render the book more practically useful to the busy practitioner, a carefully prepared Repertory is given, in which the remedies and symptoms are arranged under the following heads: I. Aggravations; II. Ameliorations; III. Pains; IV. Subjective Symptoms; V. Objective Symptoms; VI. Concomitant Conditions; VII. Mental Symptoms and Conditions; VIII. Discharges; IX. Fever and Concomitant Symptoms; X. Nosology; XI. Causes; XII. Constitution and Temperament.

With a table of contents, and a very full index, this volume may be easily studied, and will be found a valuable addition to the library of every practitioner.

For sale by Boericke & Tafel.

SPIRIT OF THE MEDICAL PRESS.

CHOREA.—Dr. MOSSA (*Hirschel's Zeitschrift*, August, 1877).—A boy, 14 years old, had been suffering nine weeks when he came for treatment. He had the following symptoms: Standing was impossible; there were constant muscular spasms in the limbs and face; his arms and legs were in a continuous swinging movement; the face was so distorted by the spasm that speaking was impossible, and at each attempt the tongue and larynx became rigid; nourishing was only possible when one held the head firmly, and another from time to time put a spoonful of food in the

mouth, and it was then swallowed with great difficulty; there was a constant flow of saliva from the mouth, a distorted and simple expression of countenance, staring eyes, clean, red tongue, normal pulse, and the lungs, heart, liver and abdomen gave no evidence of disease. The stools were regular, the urine clear, the skin pale, yellow and earthy, with dark rings about the eyes and great emaciation.

No cause for the disease could be learned from the history; there was neither onanism nor worms. The spasmodic movements did not cease at night.

Cuprum met. 6 was given twice a day for several weeks without benefit; then *Cina* 12, one dose a day; afterwards two a day. In a few days the spasms decreased; in twelve days a great mass of ascarides was discharged, and, as improvement continued, the *Cina* was given for several weeks. Sulphur 12 was next administered and a perfect cure followed.

NEURALGIA.—Dr. Heyberger (*Idem*). Neuralgia is often mistaken for toothache, because carious teeth are present, and not infrequently patients undergo operations upon the teeth and experience no relief. No harm is done, as experience teaches that such old snags are often exciters of facial pain, and are even painful themselves.

A patient suffered from toothache which radiated along the course of the trigeminus, but was confined particularly to the last inferior molar tooth, and, when the pain in the face intermitted, this *enfant terrible* never would be quiet.

A layman tried to draw the tooth and broke an edge off the hollow crown, and the pain increased to a dreadful degree.

I was called and removed the rebel, and quiet was restored. The pain returned the next day, and I gave *Spigelia* 4, and the pain diminished, but soon returned, more violent than before.

The peculiar one-sided, dull, drawing-tearing pains, which spread from the right temple to the upper jaw and through the dental arches, indicated *Arg. nit.*, which cured the case after the administration of two doses.

NEURALGIA WITH PTOSIS.—A. M., a maid-servant, had a violent pain in the left side of the forehead, which came periodically. It was shooting-tearing burning, and extended to the top of the head, and was very violent in the region of the eyebrow, so that the patient feared she would become blind. As the pain intermitted, and she used different domestic remedies during the paroxysms, she ascribed relief to these, and neglected to seek medical aid.

After the affection had continued three weeks the paroxysms became less frequent, the pain less severe, the left upper eyelid drooped by degrees, and the patient was not able to raise it nor to open the eye. In this condition the patient presented herself for treatment.

She was 26 years old, of strong frame, blonde, with blue eyes. The right eye was opened normally, the left was bandaged. After removing the bandage the upper eyelid appeared as a loose flap, which covered more than half the inferior lid.

The fallen lid was destitute of redness, swelling and inflammation, and there was no lachrymation nor flow of pus.

The patient, by her greatest efforts, was not able to raise the upper lid by its proper muscle. The lid, raised by the finger, revealed all the ocular structures healthy, and vision was unimpaired. After removing the assisting finger the lid fell down like a loose flap.

No particular cause could be discovered for the ptosis, unless it was due to exposure to cold drafts and frequent wettings, which were usually followed by severe headache. During the intervals of the severe head-

ache she had light paroxysms of wandering, grumbling sort of pain. Her organic functions were otherwise normal. *Spigelia* 3 was given—a dose every evening. Improvement followed immediately, and the patient became entirely restored.

NEURALGIA PARALYTICA.—F. L., a farmer, over 50 years old, in consequence of getting chilled in the spring, had violent attacks of pain in the side of the face without intermissions. After several days' delay in using domestic remedies, the violent pain ceased, except an occasional painful twinge, as a reminder; but to the fright of himself and his family, it was noticed that the right side of the face was paralyzed, and the soft parts hung down flabby. Chewing, swallowing and speaking could be accomplished only through the action of the muscles of the healthy side. The patient now sought medical advice.

The expression of the face from relaxation of one set of muscles, and overcontraction of the other, gave the old man a disagreeable appearance, more intensified during the movements of laughing, chewing and speaking.

Causticum, $\frac{1}{4}$ drop, was ordered night and morning, and in fourteen days a perfect cure resulted.

THERAPEUTIC ACTION OF SILICEA.—Dr. Goullon, Jr. (*Idem*). A young man who had been treated two years before for rheumatic arthritis (the description corresponded to sciatica), by hypodermic injections of morphia freely used, a short time afterwards had an abscess in the buttocks, which diminished, but did not entirely heal. Progress appeared to have ceased, the general health declined, the patient took cold from exposure in a rainstorm, the suppuration became severe, and tears were entertained that he would not survive.

He was very weak, had no appetite, his sleep was disturbed, and he had continuous thirst, especially for beer.

Silicea, 3d trit., one powder, was given every morning fasting. In eight days the mother gave a favorable report. The suppuration had diminished so much that it seemed sometimes to have entirely ceased. The thirst was allayed, the appetite and sleep had returned, and chilliness, before persistent, had vanished. In short, *Silicea* had its curative action proved in a most brilliant manner, and its renown as a remedy for different suppurative processes and their accompanying states of ill-health confirmed.

The prominent symptom of excessive thirst appears to me to be new for *Silicea*, while it never fails in *Arsenicum*.—W.

THE *Rivista Omiopatica* publishes in full Dr. John E. James's article in the *Hahnemannian Monthly* upon *Viburnum prunifolium*.

SOCIÉTÉ DE BIOLOGIE, M. Cl. Bernard, President. M. Chouppe communicated to the society the result of experiments upon the anæsthetic action of intravenous injections of croton chloral. With one gram of it there is complete anæsthesia. To obtain a like result it would be necessary to give a dose of about three grams of chloral. No cardiac phenomena accompanied the sleep; the respiratory acceleration is transient. M. Galippe asked if he had observed that the anæsthesia was first produced in the head, as Liebreich had.

M. Chouppe had not remarked it, but he recalled the marvellous results obtained by this medicine in England in facial neuralgias.

M. Trusbot mentioned experiments made at Alfort, where in consequence of injections of anæsthetic agents he has confirmed the production of little hæmorrhagic foci in the lungs. In one case even death followed in five minutes from pulmonary hæmorrhage.

M. J. Simon, Physician of the Children's Hospital, and M. P. Regnard, interne in the same, have studied certain phenomena supervening in consequence of application of tincture of iodine to the cutaneous surface. In the wards set apart for the treatment of different kinds of tinea, twelve little girls were painted with Iodine upon the scalp. We examined the urine, found a considerable quantity of Iodine and of albumen. In twelve children, three were with albuminous urine. The applications of Iodine were discontinued and the albuminuria disappeared. The treatment was then recommenced and the albuminuria returned. The doctors then chose three little girls, one phthisical, one scrofulous, and one with favus, and assured themselves of the absence of albumen in their urine, and suppressed all albuminous alimentation. An application of equal parts of tincture of Iodine and Glycerin was made to each, and two days afterwards the children were albuminuric.

M. Simon and Regnard think that in children debilitated as these were, in whom the least cause can provoke albuminuria, it is well to watch the composition of the urine in cases in which by topical applications one introduces Iodine into the blood. It is not unimportant to provoke a cause of waste as serious as is that in albuminuria. Drs. S. and R. have made their observations only upon children, and scrofulous ones mostly, and do not know if the same phenomenon occurs in men from the use of Iodine.

M. Regnault remarked that albuminuria was exceptional in the phthisical who are frequently submitted to paintings with Iodine. If the facts noticed by Drs. S. and R. are confirmed, it would be necessary to banish Iodine from therapeutics, because, in consequence of transient acute albuminurias, chronic albuminuria with grave consequences may remain.

PULMONARY EMPHYSEMA, ITS PATHOLOGY AND TREATMENT.—By Edward T. Blake, M.D. (M. H. R., November, 1877. Read before the British Homœopathic Congress.) Dr Blake describes the varieties of emphysema, giving the etiology of the disease very completely, with the views of the most distinguished authorities, and presents a *typical case*, as follows :

A male patient, in middle life, comes with slight gastric, cardiac or hepatic trouble. The patient is well built; the florid color, the facial hypertrophy, the protuberant sternum, or barrel-shaped thorax, give the delusive appearance of robust health and great vital capacity.

Such patients are able to undergo much exertion, but notice that at times they are more easily exhausted than usual. They become subject to inexplicable attacks of mental sombreness.

The complexion may be at first pale, then sallow, then red, and lastly even purple.

The sclerotic is injected and faintly tinged with bile, the lower lid is full and puffy in the morning, the tongue coated posteriorly, with some pharyngitis. The uvula is often relaxed, and if the night be at all cold there is a cough, especially about 2 A.M., which is dry and irritating, and relieved by lying with the shoulders raised. This cough is caused by follicular pharyngitis, an enlarged uvula, or by the irritation of a mass of the characteristic white-of-egg emphysematous secretion, which must be detached, or by cold air impinging on the skin, or by the pressure of the abdominal organs on the diaphragm, and thus on the lung-tissue when the patient is lying down; this last cause is aided by the gradual filling of the bladder during the night, and by the increase of intestinal gases from the heat of the bed. If the emphysema has been acquired during childhood the sternum appears more prominent and the cartilages protrude, otherwise the chest deepens in its antero-posterior measure-

ment; this, with the bulging of the costal interspaces, gives the peculiar barrel-like or cylindrical form to the emphysematous thorax, while the dorsal vertebræ become more arched. There is abnormal breathing, the inspirations are shortened, there is prolonged expiration.

Tubercle or hepatization behind an emphysematous stratum yields a deep percussion, a normal resonance.

HEART.—It tends to dislocation downwards, inwards, and sometimes backwards; its area is hyper-resonant, while deep percussion reveals enlargement of right heart. Its action is quick and infrequent. General emphysema never spares the heart. For years the affection may be confined to the right side, with most frequently dilatation of the right ventricle with secondary tricuspid insufficiency. As this lesion often yields no murmur, its existence is usually ignored, and *that* just when it can most readily be arrested.

If deep percussion shows enlargement of the right heart, and there is slight general anasarca, not caused by anæmia and renal disease, then tricuspid regurgitant exists. The disease often for years affecting the right side may extend to the left.

If one or both auricles be considerably dilated and hypertrophied there may be a "reduplicated first sound" which precedes the natural first sound of the heart, and which is caused by contraction of the abnormally powerful auricle.

If the sound blend with the first heart-sound (ventricular systole) it must not be mistaken for the murmur of mitral regurgitation. The heart plays an important part in the dyspnoea of emphysematous subjects, and what disturbs the heart action produces dyspnoea.

In advanced cases of emphysema the diaphragm is by the enlarged lungs bulged downwards, and its contraction compresses the lungs.

Bronchitis is a common cause of emphysema, and if the patient live long enough bronchiectasis, either cylindrical, fusiform, or ampullary, is present. Asthma also is common. There is hæmoptysis, produced by capillary rupture, local varicosis, pulmonary stasis. Bronchiectasis was formerly known as "mucous phthisis of the aged."

EAR.—Tinnitus is common in the later stages from secondary cerebral congestion.

MOUTH AND THROAT.—During the earlier stages the mouth may be closed when at rest, but is opened during exertion, and this becomes more marked with the advance of the disease; in time it leads to a fulness and dropping of the lower lip. This in dry weather makes the throat worse.

ABDOMINAL ORGANS.—Dyspepsia is present, torpid bowels, enlarged liver, portal congestion. There is characteristic pitting in the evening on the tibia, though the legs are emaciated.

Increasing difficulty in walking atrophies the muscles of the legs, the flaccid abdominal walls relax, the belly protrudes. Hernia in men, prolapsus uteri in women may occur. Degeneration of lung-tissue sets in, even sneezing may break it down. Systematic use of alcoholic drinks aggravates. The head now seems shrunk into the shoulders as if a heavy weight had fallen on it, the face expresses anxiety or distress, is dusky-red and puffy, the eyes are bloodshot and prominent, lids baggy, nostrils flapping and dilated, corners of mouth drawn down, neck tendinous. On inspiration, unnaturally brief, the nostrils expand, the mouth is open, the hands rest on the head of a stick or the arms of a chair, the thorax moves but slightly, the lower abnormally-erected ribs fall instead of rising, the patient resembles a frog in the way in which he seems to bolt his allowance of air.

There is sometimes in emphysema a peculiar fringe of diluted, branching, cutaneous bloodvessels, pale purple in tint, running downwards and

inwards from the lower edge of the anterior thorax in the direction of the insertion of the diaphragm.

Emphysema rarely is a direct cause of death.

Death results from some more acute affection of the undestroyed parts of the lungs; apnoea is a common cause, embolism may cause death, or it may result from over-exertion.

TREATMENT.—Treat the most distressing symptoms first.

HEAD.—For the flushed face and turgescence of cervical vessels, with dyspepsia, *Carbo veg*; with constipation, *Opium*; with tinnitus, *Arnica*; with head and eye symptoms, *Bell.*; with throbbing headache, *Glon.*; with spinal symptoms, *Agar.*; with palpitation, *Amyl.*; with palpitation and flatulence, *Laches.*; with vertigo, *Dig.*, *Nux*, *Sulp.*, *Con.*, *Agar.*, *Solanum*.

THROAT, LARYNX AND LUNG.—Relaxed uvula, *Nux v.*, with a mild astringent locally at bedtime. Follicular pharyngitis, the *Iodides of mercury and of potassium*. Brush the follicles with *carbolate of glycerin*. Very hot drinks, smoking, talking in a carriage, bawling, the use of coal-gas are forbidden.

Scilla. Loose mucous cough, glairy sputa.

Lach. Cough with laryngeal tickling.

Cough with cardiac symptoms, *Lach.*, *Lycopus*, *Sang.*

Nocturnal cough, with relaxed uvula, *Vule supra*; with dreaming, *Hyos*; from cold skin, *Rumex*; with localized pricking, *Ac. nit.*, *Mono-bromide of camphor*, *Sticta*, *Seca. corn.*, *Verat. vir.*, *Cann.*, *Humulin*, *Lactucin*, *Lactic ac.*, *Valerian* are useful, with *Brom. potass*, *Chloral*, *Chlorodyne*, and *Morphia* as last resorts.

ASTHMA.—Spasm of hypertrophied bronchial muscles, *Nux v.*, *Cupr.*

DYSPNOEA, with mucous accumulation *Samb.*, *Seneg.*; senile, *Tart. emet.*, *Kali carb*; with nausea, *Ipec.*, *Lobel.*; with cyanosis, *Ac. hydrocyan.*; with oedema pulmonum, *Ars.*; with basic congestion, *Tart. em.*, *Hepar.* (Prolonged inspirations and facial decubitus tend to shorten these tedious cases.)

FATTY DEGENERATION OF HEART AND LUNG.—*Phos.*, chalybeates, cod-oil. Fish and milk diet. Bread made from entire wheat flour.

HÆMOPYSIS.—From capillary rupture, *Ars.*, *Millef.*; from violence of cough, *Ipec.*; from pharyngeal varicosis, *Hamam.*; from cardiac complications, *Acon.*, *Sec.*, *Ferrum acet.*

BRONCHIECTASIS.—*Kali c.*, *Kali bich.*, *Phos.*, *Stan.*; if fetid, purulent expectoration, inhale *Ac. carbol.* or *Kreosote*.

BRONCHITIS.—With mucous rhonchus (coarse), *Samb.*, *Spong.*; fine, *Ipec.*; with tenacious expectoration or yellow tongue, *Kali bich.*

Chronic bronchitis, *Copaib.*, *Cubeb.*, *Tereb.*, *Sulp.*, *Seneg.*, *Silic.*

Senile bronchitis, *Kali carb.* Bronchorrhœa, *Puls.*, *Scilla*. Thoracic pains, *Acon.*, *Bry.*, *Kali carb.* Renal complications, *Ars.*, *Merc. corr.*

DYSCRASIE.—Struma, the so-called "antipsorics" with milk and cod-oil. Gout, *Ac. nit.*, *Colch.*, *Kali hyd.*, Syphilis, *Merc. corr.*, *Kali hyd.*

HEART.—Palpitation, with stabbing pain, *Spig.*; with flushing, *Lach.*; with dyspepsia, *Lyc.*; with constipation, *Nux com.* Dilatation, *Dig. ferr.* Fatty degeneration, *Phos. ferr.* Cardiac vomiting, *Dig.*, *Ac. hydrocy.* Anasarca, v. dilatation supra, *Ars.*, *Apoc.* Tea and tobacco may be forbidden.

Heart trouble with engorged liver, *Dig.*, *Nux*, *Chin.*, *Sulp.*, *Lycopus*, *Cornus*, *Æsculus*, *Hydrast.*

LIVER—Pod., Acon., Merc., Iodine, Lept., Bry., Hep. Be very careful to diagnose between primary affections of the liver and those secondary to emphysema.

GENERAL MEASURES.—Interdict all avoidable violent exertion; remove symptoms, as cough and constipation, that produce straining; keep the skin in good order with friction, hot-air baths, hydropathic packings. If the belly be pendulous, let a broad abdominal belt be worn; order concentrated forms of animal food. Skim milk used freely is better than alcoholic beverages.

CLIMATE.—For uncomplicated emphysema a sedative, yet moderately dry, air is best. Do not select a hilly district, lest dyspnoea debar the patient from needed exercise.

A couple of cases illustrate two varieties of the disease.

Vesicular emphysema.—W. R. æt. 44, schoolmaster, had inflammation of lungs at 26 years of age. From 20 to 30 was an ardent cricketer and rifleman, was a volunteer color-sergeant. His wind was tested to the utmost by doubling up hill under the weight of accoutrements, etc. When 38 he became prone to headache, from which he is now free. Is a short, sallow, spare man, with restless black eyes and a bright intelligent expression; bowels constipated; lassitude in the morning; skin greasy and torpid; mucous membranes sluggish; there is marked follicular pharyngitis, the characteristic "barrel thorax;" inspiration occupies one second, with expiration twice as long. Ordered total abstinence from athletics. With frictions, baths, *Kali b.*, Ars. and Sulp., cured.

Lobar Emphysema with Croupous Pneumonia—Girl, æt. nine months. Took cold from draught of wind. A pale, fragile child, eyes over-bright, pupils dilated; rapid wheezing respiration, temperature high, pulse quick and weak, skin hot and dry, frequent rattling cough, occasional vomiting; all organs healthy except lungs, which were hyper-resonant over their entire area, except at the left base, which was normal or firm, but not in light percussion. Evidently catarrhal inflammation of deeper strata of lower lobe masked by emphysema of the more superficial part. Thorax was barrel-shaped. The left was smaller than the right side of the whole body. R. *Ant. tart.* 3 \times , and applied poultices.

The next day she was better. R. *Ipec.* 6 \times . Inflammation was gone in a week.

Afterwards R. *Sulp.*, *Hep.*, *Samb.*, *Scill.*, *Seneg.*, *Spong.*, *Ars.* and *Puls.* *Samb.* gave the most relief.

Dr. Roth (London).—Dr. Blake has omitted certain useful auxiliaries. In children I have considered spinal curvatures, and sometimes, I think, found *cold extremities*. It is useful to move the feet. Instruct how to expire. Much mucus may be gotten up by exciting a reflex action. Many of these manipulations and artificial respirations the Chinese used 2000 years ago. We must assist the breathing.

CASES OF POISONING BY CHEESE (SAUSAGES)—Dr. Mossa (*Allgemeine Hom. Zeitung*, July, 1877).—A man ate some pigs' head cheese, a pig's stomach filled with liver, lung, meat and black blood, which was old, uncooked and strong-smelling; just the middle portion, greasy and green, which his wife regarded as doubtful, but which he considered a dainty morsel, too valuable to throw away. A few hours afterwards the family consumed the remainder of the sausage, which had been deprived of its noxious portion, and felt no discomfort from it, but the man felt quite unwell, and did not desire to have any more of the food. His indisposition became more serious, and in the afternoon he suffered from great

weakness, trembling in the limbs, cutting pains in the abdomen, great thirst and violent vomiting, which continued two days. The third and fourth days he had increased thirst and dimness of sight; he was no longer able to go about; the fifth day he went to bed, and the sixth called for medical aid. He now had a pale sleepy appearance, his eyelids were in a paretic condition, the conjunctivæ were dry and livid in color, and both pupils slightly dilated and immovable. The tongue was cracked and coated yellow, the mouth and throat were congested and red, and the uvula, palate and tonsils swollen, as in angina. His skin was dry and cold, abdomen tender, not swollen, and respiration difficult. There was violent retching and cough, loss of voice, a pulse of 90 per minute, disturbed brain, vision so weak that he could not read the largest print, dryness of nasal and buccal cavities, burning in the throat, and difficult swallowing, which became painful when liquids or food were taken, causing violent cough, irritation and expulsion of the same through the nose. The appetite was gone, and there was malaise, choking, pressure in the stomach, cutting pains in the abdomen, burning along the urinary tract, and discharge of urine in drops. For six days there was obstinate constipation, sleepiness, loss of feeling in the ends of the fingers and toes, and drawing-spreading pain in the elbow-joints and knees. As the treatment was merely experimental and expectant, I omit it. The man died in convulsions the twelfth day.

The pathological anatomy of those who have died from the above kinds of poisoning, shows characteristic changes, such as inflammation of the neurilemma of the great nerve-trunks, of the sympathetic, phrenic and pneumogastric; gangrenous spots in the stomach and intestinal canal; hyperæmia of the liver, and redness of the mucous membrane of the respiratory tract, which is covered with reddish, bloody mucus; hepatization of the lungs, soft flabby heart, and congested pericardium.

The nature of the cheese and sausage poison is not yet clearly determined. Schlossberger, the chemist, associates it with the volatile organic bases, and points out its resemblance to nicotine.

Kopp says it is a product of a peculiar rancid fatty decomposition, and appears to be rather an alkaloid (botulin) than an acid.

Perhaps it is always united to the fatty acid, as it has some analogy with the acetate of morphia and other poisons of art. It is probable that fat or bacon are necessary to the production of the poison.

The symptoms of poisoning seldom develop earlier than twenty-four to forty-eight hours after the use of the injurious food. In an evidence of sausage poisoning, the most of those afflicted were not attacked till after fourteen days; none before the second, and many not till the fourth week. The poison, according to that, seems to require a certain period of incubation for the development of its activity. Upon what the longer or shorter duration of the same depends is not clear.

We believe the poison depends upon a decomposition of organic fatty and nitrogenous matter in which fungi germinate and develop. Perhaps the agent which excites disease consists of a mixture of mould fungi and fermentation products. We have found in the mode of action of the diphtheritic fungus an analogous period of incubation, followed by as deep alterations in the most important organs. It is hoped that science will soon give us clear explanations of the nature of the sausage and cheese poisons.

When we can no longer reach the cause of the disease engendered by such, we must have recourse to our homœopathic remedies, according to the characteristic symptoms, and order *Bell.*, *Atropia*, *Hyos.*, *Nux vom.*, *Strych.* and *Cantharis*.

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THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.

REPORTED BY C. P. SEIP, M.D., SECRETARY.

THE Society met at the Homœopathic Hospital, Jan. 11th, 1878, Dr. Childs presiding, and the following members present: Drs. Martin, Woods, Willard, McClelland, Burgher, Winslow, Caruthers, Grimes, Hofmann, King, Bingaman, Edmundson and Seip, and associate member, Miss Dorsie. The minutes of last meeting were read and accepted.

Dr. Childs, the retiring President, then introduced Dr. L. H. Willard, President-elect for the ensuing year, who delivered the following inaugural address:

LADIES AND GENTLEMEN: In assuming the position of your presiding officer, allow me to express my appreciation of, and thank you for, the honor conferred upon me. I hope the new year, like the year that is just past, may be to each and to all a year of peace and prosperity, pleasure and profit, and as we are united in the bonds of fellowship, friendship and harmony, may we so diligently labor, that as year follows year, this Society can continue to have the satisfaction of knowing and seeing that our work has not been, *is not, will not be* in vain.

It is now more than ten years since I was welcomed to this Society, then in its infancy. All are here now who met with us then, with the exception of Drs. Baelz, Herron and Barnaby. At that time the meetings were held at the houses of the different members, and after the official business of the evening was over, some time was consumed in consuming elegant repasts.

In ten years important changes have taken place. Instead of ten, we now number about forty members. Since the hospital has been in existence, the meetings have been held regularly in it, and the time fully taken up with matters and things pertaining to our profession. By the way, let me suggest that we economize our time a little more carefully. Could we not have a schedule, or routine, by which to abide, in order that all should be done, and well done; and would it not be well to concentrate, as much as possible, our thoughts and words and essays, and by so doing gain more time for the discussion of "diseases of the month."

Ten years ago it scarcely occurred to us, but now it not only has *dawned* upon us, but it has shone clearly into our expanded minds, that women *can* study, do have ideas, and can make attainments hitherto within the grasp of men only.

I think we, as physicians, may congratulate ourselves upon not being behind the age.

Our Anatomical Society, now several years in existence, has afforded to the student opportunities for dissection, whereby he may improve his leisure moments, and to us as physicians the means to review our anatomical knowledge. The lectures and display of pathological specimens make the meetings of the Society of great profit.

The examination of applicants for professional honors, as regards their qualifications previous to their becoming students themselves, inaugurated by this Society, not only is a step in the right direction, but, to the students themselves, a guarantee that others think they are worthy of a degree.

We have made progress in medicine, surgery, and, especially of late years, in *Materia Medica*.

We do well to be proud of the "*Materia Medica Club*," an outgrowth of this Society, which, during a previous year, has made a splendid proving (*Natrum ars.*), one bearing the stamp of authenticity and reliability. The medicine was proven in such a manner and in such a way that there is nothing to dispute; commencing with the higher potencies, and finding no symptoms, then descending in the scale of dilutions until the crude drug was reached, thus clearly defining the pathogenesis of the drug and giving a rational idea of its properties.

This proving, so thoroughly done, has not been by any means harmless, for some of the provers still feel the effects of their hazardous undertaking.

In this field Dr. Seip has also contributed his full share,

by the proving of Macroton, which, though made several years ago, bears, to this day, the test of clinical examination. He, too, can testify in a decided manner that the old symptoms of Macroton are still in existence.

It is a gratification for us to know that the provings made by the members of this Society meet the requirements of the homœopathic law. I am also happy to say that, so far, we have not indulged in any wild chimeras, such as are set forth by provers of high dilutions. One can only regard such irrational provings as phantoms, having neither substance nor foundations. These latter are the bane of homœopathy; they lead us astray, and instead of good, substantial results, we have nothing, when they are done, but a handful of air.

The symptoms found under provings of this character are common to persons in a state of health, and if we should take down all the aches, pains and sensations which pass through us during twenty-four hours, even when in health, we would be astonished at the numerous array.

Hence, to do away with these bastard provings, or to prove their truthfulness, the prover should first be tested by doses of a neutral substance, and the symptoms recorded; then the high dilution to be taken, and a comparison of the symptoms made afterward, the prover not knowing what medicine he is taking, as was done by Dr. Wesselhoëft, of Boston. This would show the truth of these provings, which would, I know, be a satisfaction to those who have been engaged in such delicate experiments, provided they wished the downright facts; otherwise they would still cling to their erroneous impressions and regard any symptom as the effect of the so-called medicine.

We find creeping into our journals and medical literature of the day ideas which, to my mind, cannot fail to have an injurious tendency.

Medicine is a science in which enthusiasts may easily be misled, and can imagine wonderful curative properties belonging to a single dose of a high dilution. We read and hear of marvellous cases and cures, but of failures to cure we hear nothing. Only diligent search and research can and will reveal the actual truth, and this we desire.

It would be better if a careful record of facts were made, and a number of cases presented cured by the same remedy and under the same conditions. This would add to our faith, add to our knowledge, and be an incentive to greater attainments, amplify the real worth of medicine, and strip from our "*Materia Medica*" a mass of heterogeneous symptoms that seem jumbled together without rhyme or reason.

It is a notorious fact that, from the time Hahnemann came forth, armed cap-a-pie, as a knight for the fray, there seems to have been but very little advancement in our school. Too many will-o'-the-wisps present themselves. No dwarf has yet mounted upon the shoulders of the giant. The horizon remains the same, and why is this? I would not presume to say, but there must be something which bars our progress. If we could but believe the cases and papers presented such as I have spoken of, where, in many instances, we see statements made that a single remedy and a single dose will cure a case of venereal disease, affirmed by physicians who occupy no mean positions, and where no regard seems to be paid to the nature of the disease as did Hahnemann of old, who, when a disease in its course was characterized by any eruption, the medicine or medicines given were those that would eliminate the disease by its characteristic eruption! It has been well proven by Diday, who placed twenty-four cases under observation, without medicine, that in the venereal disease called syphilis there was noticed a period of incubation, elimination and sequelæ; so that if such cures are facts, they are more wonderful than the tales of Munchausen.

It must be a source of regret that more care was not taken, cases tabled and the assertions proved beyond a doubt, without throwing broadcast on the profession such bold statements. This, in itself, has a tendency, not to enlighten, but to bewilder, and savors of the dark ages, for it is a law of science that anything stated as a fact must have something more than a bare statement to claim our respect. A more careful and conscientious observation and investigation into the cure of disease, with a not overhasty disposition to assert as a truth that which is not entirely proven, would remedy this evil and make more certain our ultimate success.

All this may seem to you harsh and unkind, but, gentlemen, is it not a fact?

Hahnemann prepared his dilutions by hand and his triturations by the mortar and pestle. Now the dilutions sought after by some are so high that various double back-action machines are brought into use to send them still skyward, while we hear the hundred-thousandth being used, and well may steam-power be brought into play to complete this wondrous medicine, for man himself would weary with the labor or his biceps be developed into a muscular Hercules. It would take a man (I say man, because, if a boy, he might become a man before the medicine was finished) 312 days, working ten

hours a day and making one dilution in ten minutes, to complete the hundred-thousandth dilution, and yet we hear that it can so act upon the diseased system as to restore its disordered functions. How it can, or in what manner, or in what way, still remains a solemn mystery. That atoms are indestructible we all admit, but how infinitesimal of the infinitesimal must be that atom which is left when that poor man, beginning on the first of May to prepare the dilution, and working throughout all the spring and summer months, through autumn and into the dead of winter, completes his protracted labors. Medicine it cannot be; but then what is it? Some may say it is the spiritual medicine, which cannot be contaminated, and which would still be a remedial agent even if the man had worked three years in preparing it. It must be a spiritual medicine or it is nothing. It cannot be analyzed; no trace of the original can be found; we have no way of knowing what it is only that on the label is its name, and that is all.

Now, while I am and have been an advocate for single remedies of potentiated and triturated medicines, knowing their value and great efficacy, and their power to heal the sick, and using them from the thirtieth downward, I, at the same time, claim that there must be some limit where the medicine ceases to be a medicine, and becomes nothing but so much water.

Dispensaries have been opened and means afforded whereby the remedies might be tried, but as yet none have availed themselves of these opportunities. It would be to me, and I know to the rest of this Society, a source of great gratification, if this vexed question of potency could be settled, and that some limit of potentization be attained. It is a troublesome question, I know, and one of grave import to our standing as rational physicians, and hence the greater importance of active effort. It is not enough to say we do not know how high potencies act, and try to evade the question or put it in a corner out of sight and call it the *noli me tangere* of our profession. We should know, and not continue to say, year after year, "It is a mooted question." Would it not be better, gentlemen, to be able to give a reason for whatever faith we hold? Let us not be a

"Purblind race of miserable men,
Who forge a life-long trouble for ourselves,
By taking true for false, or false for true;
Here thro' the feeble twilight of this world groping,
Until we pass and reach that other
Where we see as we are seen."

On motion, the address was accepted with thanks.

The chairman of the Executive Committee presented the annual report of the committee, in which we find that four persons were examined for permission to study medicine, three of whom passed satisfactory examinations and were granted permission, in accordance with the requirements of the rules of the Society.

The committee held eleven regular and one special meeting. No matter of special interest to the profession at large claimed their attention. Report accepted.

The President then announced the Executive Committee for the ensuing year, as follows: Drs. Coté, Cooper, Burgher, Hofmann and McClelland. The Committee on State Paper for this year consists of Drs. Childs, Burgher, Martin, Edmundson and Caruthers.

Dr. R. E. Caruthers then read the following paper, which was accepted, with thanks of the Society.

INFLUENZA.

This affection, called also catarrhal fever, is an epidemic disease, and may occur at any season of the year. It attacks all ages and both sexes indiscriminately, but those who are subject to pulmonary affections, especially tuberculosis, are most readily influenced.

It affects the lower animals as well as man, of which we had an instance a few years ago in the epizootic which extended over the whole country.

The cause of the disease is said to be an "atmospheric poison," but of what character or kind has not been determined. Its occurrence at any time in the year and during any kind of weather, hot, cold or damp, would seem to preclude the idea that any physical changes in the surrounding air have any influence on it.

Each epidemic does not present the same train of symptoms, but in all the disorder sets in suddenly, and attacks preëminently the mucous membranes.

The outbreak of the disease is generally preceded by a preliminary stage in which the patient complains of languor, with nervousness, sleeplessness and loss of appetite, and little or no fever. As the disease progresses the mucous membrane of the nose, eyes and bronchial tubes are attacked, and we have sneezing, watery eyes, uneasiness in the throat and cough. The skin is hot, pulse of moderate volume, or per-

haps weak, tongue coated white, aching rheumatoid pains in the limbs, and violent and constant headache.

The lassitude increases, as does the fever, and as the fever becomes more intense the local symptoms become more marked.

By a gradual increase the disease reaches its full height usually in three or four days, when it begins to subside, the cough and debility being the last symptoms to disappear.

All epidemics do not run the same course. In some the febrile signs are more active and the debility not so marked. In others the pains in the limbs and joints may be more prominent, or we may have pneumonia or capillary bronchitis as complications.

This disease may be distinguished from an ordinary cold or bronchitis by its epidemic character.

The condition of debility may cause it to appear like the onset of a low continued fever, but it is only in very rare cases of influenza that delirium is present, and fevers of that class do not begin with catarrhal symptoms.

The absence of an eruption in influenza serves to distinguish it from measles and small-pox, which it may simulate.

Death, as a result of uncomplicated catarrhal fever, is rare. In sound and robust individuals health is usually restored in about two weeks, although the debility may last longer. In old people recovery is slower and there is more danger.

The surest sign of improvement is an abatement of the fever.

During the prevalence of an epidemic of this disease, almost all other existing diseases are modified or complicated by it.

If tuberculous diseases have been observed as sequelæ of influenza, it is because, as in ordinary bronchitis, or in pneumonia, the bronchial inflammation has excited the already existing tubercles.

An attack of influenza may be followed by a long-lasting bronchial catarrh, or obstinate hoarseness and loss of voice.

A great many remedies have been recommended for this disease, but it has been observed that in any epidemic a very few, perhaps three or four, remedies will be sufficient to relieve all of the cases, and also that those remedies which have been of the greatest service in one epidemic will not at all be indicated in the next.

The indications for the most important are here given:

Aconite. — Inflammatory symptoms; pleuritic stitches and

inflammation of the chest; or for dry, violent and racking cough, with or without oppression, stitches in the chest or sides; also for rheumatic symptoms with bronchial catarrh and sore throat. (Jahr's C. G.)

Mercurius.—Rheumatic pains in the head, face, ears, teeth and extremities, with sore throat; pleuritic stitches; inflammation of the chest, with dry, violent, racking, unceasing cough, not allowing the patient to utter a single word; dry or fluent coryza; frequent bleeding at the nose; constipation or bilious diarrhœa; chill or heat, with profuse sweat.

Arsenicum.—Rheumatic headache, with violent pains, fluent coryza and discharge of corrosive mucus; or for great debility, with aggravation at night or after a meal; spasmodic cough, with desire to vomit, or with vomiting and expectoration of watery mucus; running of the eyes; inflamed eyes, with ulcers on the cornea and excessive photophobia.

Causticum.—Rheumatic pains in the limbs, and chills aggravated by motion; pains in the malar bones and jaws; dry, violent cough, worse at night, with heat of the whole body; sensation in the chest as if raw and excoriated.

Phosphorus is indicated when, in addition to severe constitutional disturbances, the disease seems to be located in the larynx; also if there is a tendency to pneumonia. It comes into use in the secondary affections, especially aphonia.

Gelseminum has been highly recommended when there is sneezing, watery coryza, soreness of the throat and cough, with rawness in the chest; severe cough with (in children) a metallic sound, somewhat like croup.

Sticta pulm.—Excessive dryness of the nasal mucous membrane, which becomes painful; soft palate feels like dried leather, with painful deglutition; exacerbation in the latter part of the day and forepart of the night; the morning hours are nearly free from distress; incessant cough during the whole night, dry and hacking from tickling in the larynx, with oppression of the chest, incessant sneezing, with a feeling of fulness in the right side of the forehead, extending down to the root of the nose, with tingling in the right side of the nose.

Nux vom.—Rough and hollow cough, with mucous rattling or thick expectoration; violent headache as if the brain were bruised; heaviness of the head, vertigo, pains in the loins, constipation, loss of appetite; nausea and desire to vomit; thirst; sleeplessness or restless sleep, with anxious dreams; stitches or pain in the chest as if raw.

Eupator. perf.—Flowing coryza; sneezing; hoarseness, with

roughness in the voice; hacking cough in the evening, with soreness in the chest; restlessness; pains and aching in the limbs; the patient is constantly changing his position, although the pains are not aggravated by repose.

Cimicifuga.—Rheumatic catarrhal attacks, with pain in the limbs, head, face, eyeballs; chilliness; heat and fluent watery coryza; stuffed condition of the nostrils, with great sensitiveness to cold air, as if the base of the brain were laid bare and every inhalation brought the cold air in contact with it.

Belladonna.—Spasmodic cough, or excessive aggravation of the headache by talking, bright light, walking, or other motions; or when the meningeal membranes are involved, with burning heat, restlessness, delirium and convulsions.

Phytolacca.—Influenza, with derangement of the digestive organs; thin, watery discharge from the nose, which increased until the nose became stuffed; inability to breathe through the nostrils; difficulty of swallowing.

Allium cepa.—Fluent coryza, with copious lachrymation and aggravation in the open air. The discharge from the eyes is bland, while that from the nose is excoriating.

Sanguinaria.—Intense irritation of the nasal mucous membrane; smell in the nose like roasted onions; fluid coryza, with frequent sneezing; influenza, with rawness in the throat, pain in the breast, cough, and finally diarrhœa; loss of smell.

Arnica.—Inflammatory symptoms, with spurious pleurisy; rheumatic pains in the limbs; crampy headache, or bleeding at the nose and hæmoptysis.

Sabadilla.—Fluent coryza; dulness of the head; gray dingy color of the skin; dull cough, with vomiting or spitting of blood, especially when lying down; aggravation of the symptoms in the cold, also toward noon, and still more toward evening; red spots in the face or on the chest.

Rhus tox.—When the disease seems to take on a typhoid condition. There is great debility and prostration; rapid pulse; burning heat; dry skin and tongue; delirium and sopor. The cough is short, dry and distressing, mostly at night, and excited by motion and cold currents of air.

Kali hyd. is especially useful if a troublesome cough remains, with wheezing and rattling in the chest and a gray, sweetish salt expectoration. Also for hoarseness, or even aphonia.

Among other remedies that may be useful, we have Euphrasia, Nat. ars., Camph., Bry., Puls., Phos., etc.

DISCUSSION.—Dr. Burgher thought the Eup. perfol. was

an important remedy in cases having severe backache or bone-pains, or when the attack somewhat resembled break-bone fever. During President Tyler's term there was a severe epidemic of influenza, known as "Tyler's grip;" it was also known as "lightning catarrh." Other diseases do not exempt a person from influenza. Some time ago, during the prevalence of an epidemic, nearly all of the patients in one of the Massachusetts hospitals were attacked.

Dr. Cooper had some personal recollection of the "Tyler grip." It was a severe epidemic and Camphor was the remedy. Has often given Eup. perfol. in influenza, but never saw any good results follow its use except when the biliary symptoms were well marked.

Dr. McClelland found *Allium cepa* and *Euphrasia* frequently indicated during the present time. He gives the former when there is excessive catarrh of the eyes, nose and throat, without severe constitutional disturbance; the latter has similar symptoms, excepting that the discharge is acrid. Another remedy is Muriate of ammonia. This remedy gives prompt relief when the discharge from the eyes is acrid and the throat dry. Generally gives it in one-grain doses in water. Ars. has greater constitutional symptoms and more thirst.

Dr. Burgher finds Arsen. more indicated in dry cold weather, and *Allium cepa* in damp weather.

On motion, the discussion of the paper closed, and the subject of the diseases of the month was taken up.

Dr. Cooper said he had a few cases of scarlet fever and some diphtheria, very little catarrh trouble, and no cases of pneumonia. Had one case of scarlet fever with very little angina faucium; at the same time in the same family he was treating a severe case of diphtheria. Both cases were well marked. The former got Acon., Bell. and Ars., the latter Lach. and Phyt.

Dr. McClelland had many cases of catarrh, for which he gave Arsen., *Allium cepa*, *Euphrasia* and Merc.

Dr. Winslow had a great many cases of acute conjunctivitis, which probably was due to the sharp change in the weather. Mercurius cured some and others were still under treatment. In regard to influenzas, he believes such attacks may come on in any season of the year. We have June colds and midwinter influenzas. In his own case, he being a sufferer from hay fever, he found that the asthmatic trouble that so long remained after the attack of fever had passed off was much shorter this year than usual, which he attrib-

uted to his coming to this city, and he therefore believed this a good place for those affected with this disease. There are evidently several causes for hay fever, and the most prominent of all is the theory of the spores of grasses. His own microscopical experiments, made in the summer, convinced him that the atmosphere was full of floating spores. Moistened slides laid near the open window showed them full of triangular reddish masses. The discharge from the nostrils contained the same masses. But there is one thing certain, that these attacks come on in the winter, when the spores are covered with snow. The attacks at this season are probably due to the west winds, which bring a great deal of ozone, which purifies the air but is very irritating to the respiratory organs.

Dr. Childs has found *Nat. ars.* a valuable remedy in hay fever, and in his own case it has much modified the attacks, making them milder and shorter. Three weeks ago had a case, an old lady, afflicted with hay fever, that was promptly relieved with *Ailanthus*.

Dr. McClelland also remarked that he had a case of genuine summer catarrh that extended through the whole winter.

Dr. C. F. Bingaman was appointed essayist for March.

Adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY L. HOOPES, M.D., DOWNINGTOWN, PA.

THE Homœopathic Medical Society of Chester, Delaware and Montgomery counties convened in quarterly session, January 8th, 1878, at 731 Chestnut Street, Philadelphia, at 11.50 A.M., the President, Dr. R. P. Mercer, in the chair.

Present: Drs. T. Pratt, R. P. Mercer, D. H. Bradley, I. D. Johnson, C. Preston, J. B. Wood, H. C. Wood, J. E. Jones, R. C. Smedley, M. Preston, L. B. Hawley and L. Hoopes.

The minutes of the last meeting were read and approved.

The officers for the ensuing year were then installed. Dr. T. Pratt, the President-elect, on taking the chair, delivered the following address :

GENTLEMEN: While I thank you for the honor conferred in choosing me to preside over the deliberations of this Society, I must confess to feeling somewhat diffident, being

the junior of any presiding officer since my election as a member. I would not deign, however, to shrink from a duty I might owe to homeopathy in aiding to sustain, so far as my ability may render me capable, these our county societies, for it must be through these, together with those of larger proportions, that we must expect to introduce ourselves to the world as a distinct organization, and by our numbers, as well as the principles we promulgate, claim the attention of the mass of the people.

Then we need organization to enable us to resist the efforts constantly being put forth by the antagonistic school to render us unpopular, and thereby impede our progress in establishing our rights and maintaining our independence. And to this end, with your co-operation, it shall be my earnest endeavor to conduct the present administration.

In order that we may derive the greatest benefit from our meetings, I desire first to impress upon you the necessity of punctual attendance, without which it is impossible to make these more than a bare pretence of what they should be in reality.

The Society at present has between twenty and thirty members, from which we should have an average attendance of from eighteen to twenty, if sufficient interest be felt to make the effort to be present equal the occasion; but if through carelessness or indifference we absent ourselves, we soon lose interest and the Society loses our support.

There was an agreement at a previous meeting that each member should furnish, for the benefit of the Society, at each regular session, a written report of two or three cases, which agreement, I am sorry to say, has not been fulfilled. Now, considering the insignificance of the task, the natural inference would be, a wanton disregard for the life and prosperity of the Society. I desire that we should divest ourselves of this lethargy, and by devoting a small portion of time to a preparation for each meeting, make them worthy the class and number of physicians they represent. I would suggest that in our discussions and papers we should be as practical as possible, introducing as much of clinical value as can be had, for it is in this field we oftenest find ourselves lacking information.

The principal theme of controversy among homœopathic physicians is potency; and while discussions upon this subject yield us nothing of profit, they occupy much valuable time, and only serve, in all instances, to subject our system of

practice to ridicule by making it appear ridiculous to those not having a knowledge of the fundamental law. We cannot afford party discussion, and unless there are some valid grounds for difference we have no right to place in jeopardy those principles which we would perpetuate and in which we believe.

When we choose to parade our diversity of opinions before the world, the one calling the other an allopath and a mongrel, and he in return styling the belief of his brother an ethereal nonentity, it is not a subject for wonder if both fail to receive the recognition of those from whom they might otherwise expect support. Hence, I repeat, we exhibit great blindness when we compromise homœopathy for the sake of idle controversy. And further, when I hear people with whom I come in contact accusing my fellow-practitioners of infringements upon the allopathic practice, I am naturally led to believe that there is something wrong—either that there is too much of truth in the statements, or that patients do not receive proper explanations in regard to the true character of treatment being used. Since the two systems of practice are in reality so directly opposed to each other, and as there is a constant effort upon the part of the allopathic fraternity to bring the two as close together in *appearance* as possible, it becomes *our* duty, in order that our therapeutic law may be maintained, to aim to retain a distinct dividing line, thus asserting the independence of the law. We should, therefore, be guarded in our prescriptions, and see to it that they are in accordance with the teachings of our Alma Mater.

Having spoken thus through the best motives, and trusting that what I have said may coincide with what you may deem a proper course for the furtherance of the good of the Society, I have but to solicit the support of each and every member to secure the best fruits from this Society during the present year.

Dr. C. Preston objected to the ruling out of the potency question as mentioned in the address, as by a free ventilation of that question a very important point in homœopathic therapeutics may be reached.

Dr. Mercer thought the President only meant the discussion of the merits and demerits of the various potencies.

Dr. Pratt replied that there was too much said that got outside of the profession, to our discredit, and that he sided with neither party, but considered both equally at fault.

The Society ordered the address to be sent to the *Hahnemannian Monthly*, with the request that it be published.

The delegates to the State Society reported that they were present at the annual meeting of that association.

Dr. C. Preston read the following paper by Dr. Fred. L. Preston, of Chester, Pa., in review of an article on "The Ectrotic Treatment of Variola," by D. Cowley M.D., of Pittsburg, Pa., which appeared in the December number of the *Hahnemannian Monthly*.

A FEW REMARKS ON DR. COWLEY'S ARTICLE "ON THE ECTROTIC TREATMENT OF VARIOLA."

The December number of the *Hahnemannian Monthly*, a homœopathic journal published in Philadelphia, contains an effusion from the pen of Dr. D. Cowley, of Pittsburg Pa., remarkable in many ways; particularly for its appearance at all at this time of day, and especially for its appearance in the *Hahnemannian*, for the cool effrontery of its dicta, and for the accompanying homœopathic therapeutics, which are of that deeply complex order which we love to denominate "scientific." Lastly, it is remarkable for the rare, ancient and musty flavor which pervades it.

The paper is devoted to a showing of the success claimed for treatment of variola by the inunction of mercurials. The writer admits having been led to such treatment by a perusal of the articles on variola in Wilson's *Skin Diseases* many years ago. There are several pages devoted to the author's experience in variola, and several cases cited, with treatment (presumably homœopathic).

The last case presents many remarkable features; in fact, the author calls it a "remarkable" case, which epithet we will willingly allow, provided he will permit us to apply the same term to his treatment thereof; for it is indeed a "remarkable" case, made so by Dr. Cowley's remarkable homœopathic treatment, plus inunction.

Case of G. S. S., Jr.—It seems that the patient had been sick two days, when, on January 24th, Dr. C. was sent for, and on arriving, found the patient suffering with the prodromic symptoms of variola. *Therefore* he received: *Cimicifuga racemosa* φ , *Gels.* φ , and *Phos.* φ , in water; the latter remedy to be used only if the two former failed in relieving. Now occurs the first of the "remarkable" features of this

case. We give it in the Doctor's own words, to wit: "January 25th, he was no better." Here we have evidently a serious if not a remarkable case, a case that resisted for twenty-four hours the attack of a homœopathic prescription deeply complex and scientific, comprising no less nor more than just three remedies in tincture.

"Remarkable" developments now follow thick and fast, for on the 25th he received Merc. cor. 3d, *Ranunculus b.* 1st, one hour in alternation with Bryon. a. 4th, and Bell. φ the next. Now, although the patient was diligently occupied during this twenty-four hours in taking the four remedies mentioned, we hear from the Doctor, under date of January 26th, as follows: "Suffered all night with twitching pains in head continued, but chest slightly relieved, throat very sore, neck swollen, etc., etc." A layman could easily perceive how things stood now with this "remarkable" case. The Merc. cor., *Ranunculus b.*, Bry. alb. and Bell. φ , had undoubtedly concentrated their healing energies on the chest, which was "slightly relieved;" the twitching pain in head, sore throat and swollen neck were slight symptomatic affections which this noble quartette of remedies did not deign to notice. Therefore, the patient now received Tart. em. 3d in water every two hours, notwithstanding the Doctor naively remarks that he "has never seen any good results from this remedy in variolous diseases," and adds, "yet its symptoms are so homœopathic to the *disease* that I can hardly let it go." Here we have exhibited a devotion to homœopathic principles truly heroic, but then the Doctor is nothing if not heroic. Nevertheless, it would be interesting to know something from the Doctor's extensive experience as to the good effects of *other* remedies in variolous diseases, for instance, Merc. cor., *Ranunc. bulb.*, Bry. alb. and Bell. φ in hourly alternation. We regret exceedingly the Doctor is silent on this extremely interesting point; here is a mine of exact knowledge unworked.

We proceed, however, to detail the case in the Doctor's words. He says: "As he had not slept any now for four or five nights, I left sixty grains of Bromide of potassium and one grain of Sulphate of morphia, to be given in the evening if he felt no quieter." On January 27th, the patient, perverse beyond endurance, says he is "no better." The Doctor is now apparently convinced of the deceitful fallacies of homœopathy, and concludes to vary his treatment with a little dash into isopathy. He accordingly prescribes Vaccine, a *small portion*, in water, and also Merc. sol. 2^x, every hour

alternately, which exemplifies both systems, homœopathy and isopathy, and also shows that Merc. has almost as strong a hold on the Doctor's affections as that truly homœopathic "variola remedy" Tart. em.

At 9.30 P.M., in spite of the treatment, the papules appear, with a pulse of 100, pain in chest and cough; so the patient got Rhus tox. 2d and Merc. sol. 2d, and "had blue ointment rubbed in on the whole surface of the face and neck."

The treatment by inunction was continued till February 9th, when the "back was still mottled, the patient sitting up, but very weak;" and his further history is denied us. *But* we know very well, insomuch as the Doctor admits that on January 31st "the patient's pulse was 60, his mouth very sore, and saliva profuse," that this "*remarkable*" case *had* a sequel, and that sequel would undoubtedly comprise in detail a picture of hydrargyriasis of greater or less degree. And this case is reported by a professed homœopathist, and printed in a journal which bears the name of the founder of homœopathy. It follows almost directly an article on "Ovarian Tumors," by H. N. Guernsey, M.D., in which the true principles in homœopathy are enunciated and a statement of results made, attainable to all who are willing to work and to follow the example of Hahnemann. Verily the old "*inunction*" outrage on common-sense and on humanity has got into good company these days.

If the managers of this homœopathic journal deem it incumbent on them to publish a treatment fifty years ago discarded by the best allopaths, we may expect very soon to be regaled with articles of this description on other diseases. Dr. Cowley and other devoted homœopathic (?) inunctionists will give us a "course" including, possibly, laudatory notices of the ecrotic treatment of other diseases, which are easily suppressed by mercurials, caustics, cauteries, etc., such as chancre, crusta lactea, itch, herpes, etc.

"Several years ago," says the Doctor, he was "struck" with the results obtained by mercurial inunction in variola, while reading Wilson's *Skin Diseases*. Perhaps he was "struck" in an equally effectual manner with Dr. Wilson's treatment of *other* diseases which he is graciously pleased to call "skin diseases."

With all respect to Wilson as a dermatologist, and with admiration for the skill with which he has classified and reclassified "skin" disorders—a new and different arrangement *and treatment* with each edition of the work—we would sug-

gest that there is yet extant a modest little work with the modest title, *An Alphabetical Repertory of Skin Diseases*, by one Dr. Jahr (of whom our homœopathic friend Cowley has POSSIBLY HEARD), which is worth more to a physician in the treatment of any given case (provided the physician's object is *cure* and not repulsion) than all the allopathic works on dermatology ever published, read and forgotten.

It is by the careful study of such works as this repertory of Jahr's, and comparison of them with the *Materia Medica*, that persons disposed to be "struck" with ectrotic expedients may learn the true curative indications of drugs. Perchance if Dr. C. had devoted the time and attention to Jahr's *particulars* which he has to Wilson's *generalizations*, it is *possible* he might have had knowledge of some reliable indications for Tart. em. and, knowing them, doubtless would have had good results to report in the use of that remedy.

The quotations from a list of allopathic authors which Dr. C. uses at the close of his article do not grace his position. Their talk is twaddle, as can readily be seen. Dr. Hughes Bennett, of Edinburgh, grandly states that he has adopted the inunction treatment "with success;" but it is for us to judge of the quality of Dr. Hughes Bennett's "*success*" by our experience with the shattered remnants of humanity which drift into our hands after like treatment in *this* country. Neither are homœopaths bound to accept, nor are they in the habit of accepting as satisfactory, that *degree* of success which is acceptable to Dr. Hughes Bennett.

Dr. Cowley quotes further from Wilson, who admits that there is danger on one hand from salivation and on the other from ischuria, and mentions with gravity the views of M. Piorry and his treatment, which is *blisters*. The argument of Piorry in favor of or against the blister is fine.

The blister, says Piorry, is preferable to the inunction of mercury, being "*derivative*" in its action, and not "*repellant*." Nevertheless, he admits the possibility of *ischuria* as a consequence of its use. Here he sets up a fine distinction between a derivative and a repellant, and knocks it down by one fell blow by stating that their actions are doubtful and interchangeable.

Wilson drivels on, and respecting M. Piorry's ideas, says to those who fear the blister and *ischuria*, and dread mercurials and salivation, that there is yet left—Iodine, which mild and pleasant drug is to be pencilled on at an *early* stage of the eruption. Of the remote consequences he says nothing, ignoring full or partial iodism, glandular enlargements, phthisis,

etc., etc., all or any of which are sure to occur, according to the diathesis of the individual. These results are reserved perhaps as subjects for future treatment and dissertations.

Now Dr. Wilson and Dr. Cowley, having borne each other company, having blundered into this *cul-de-sac*, and having butted up hard against *Iodine* at the end of their journey, leave their spectators in the dark as to their next movement.

Dr. Cowley's paper contains nothing new, nothing definite, nothing which could in the least aid the art of healing.

It contains, on the contrary, laudatory notice of one of the worst and most reprehensible of allopathic practices, and it studiously evades giving the results, the true results, of this exploded practice.

The publication of this article in the *Hahnemannian Monthly* is, to say the least, nonsensical. It is not quite stale enough to be rated as a curiosity. Every moderate and sensible practitioner of every school fears it. It is at present in disgrace with the allopaths; left in the world disowned, it had found a fostering care under the joint protection of Dr. Cowley and the *Hahnemannian*—a "homœopathic" (?) practitioner and a "homœopathic" (?) periodical.

Further comment is unnecessary. We forbear to draw conclusions as to the status of the journal and the Doctor—as homœopaths.

[The paper by Dr. Cowley was read before a society and referred to the *Hahnemannian Monthly* for publication, just as the above flippant "criticism" was read and referred, and both are published at the request of and out of respect for the Associations from which they came, and because the columns of the *Hahnemannian Monthly* are open to the communications of all respectable physicians of any school and of any shade of opinion and practice. There is enough suppression practiced by the journals of the old school, and it has been denounced with most unstinted wrath by homœopathists. It would be a sorry day for homœopathy if its journals were to pass into the hands of editors with views similar to those of Dr. Cowley's critic; men whose doxy is orthodoxy, and who regard every one else as heterodox; men who in past ages broiled their fellows on gridirons, hanged Quakers, burned witches, and gave other evidences of their strong belief in the notions that all human knowledge and wisdom and all truth dwelt somewhere in their immediate neighborhood. Having no feeling with Dr. Cowley in the matter of ectrotic treatment, we nevertheless published his paper, and especially with the hope that it might be criticized. We acknowledge here the receipt of a criticism by an esteemed correspondent in Massachusetts, but do not wish to give further space to this matter. *Le jeu ne vaut pas la chandelle.*—EDITOR H. M.]

Dr. Smedley then reported the following case :

ARREST OF DEVELOPMENT OF THE FÆTUS IN UTERO.

BY R. C. SMEDLEY, M.D.

On December 5th, 1877, I was called in to see Mrs. A., suffering with severe pain in the back, so that she was unable to move about the house, although the pain was worse when lying. There was considerable sanguineous discharge. Her courses had not returned since May last, then seven months, and she was sure she was pregnant, although there was no abdominal enlargement, and no motions of the child had yet been felt. Sabina failed to check the flow. Trillium arrested it for a time. On the 9th it returned, but was then more like muddy water and very offensive. I told her I believed the fœtus was dead and would soon come away. In about an hour and a half I was sent for. I found her with bearing-down pains. On examination I found something in the vagina, just protruding from the os, which did not quite feel like the arm or leg of a seven-months' child ; but what attracted my attention most was a hard flattened extremity, neither like a hand or foot, but with smooth circumscribed edges and hard as bone. After some manipulation I extracted it, and found it to be a two and a half months' child with a head flattened out like that of a serpent. I asked her if she had had a fright at any time during the early part of her pregnancy. She said that while visiting in the country in the latter part of July one of the party standing behind her threw an eel at her in such a way that it struck her on the leg and wound around the ankle, at the same moment calling to her suddenly to "look out for that snake at her feet." The sudden admonition, and feeling the coil of something like a snake at her feet, frightened her, and she sprang to one side, and on looking around there lay the eel on the ground with its head extended. It appears that the further development of the child was arrested at once, and the head flattened into the shape which you now see. (Here the Doctor exhibited to the members present the fœtus preserved in alcohol.)

Dr. C. Preston related a case of tapeworm. He believed the worm to be entirely removable by the following treatment: Take the kernels of two ounces of pumpkin seeds, pulverize and mix with a tumbler of milk, and administer in the evening, fasting ; in the morning give two drachms of ether, and one hour after one ounce of castor oil, and in one hour the worm will be discharged.

Dr. M. Preston failed with the same treatment in removing the head, although repeated twice, and said he had been most successful when using strictly homœopathic means.

Dr. C. Preston did not claim that his treatment was homœopathic, but simply mechanical, to remove a foreign body.

Dr. R. P. Mercer stated that he had a similar experience to that of Dr. M. Preston, except in one case, where he was successful.

Dr. Hawley related a case of tapeworm that had been the rounds of the physicians, in which he removed the worm by a dose of half an ounce of Kousso tincture. In another case he gave Kousso without result. Pumpkin seed also failed, and the parasite was finally removed by the use of water-melon seeds.

Dr. Johnson asked for information in regard to a case of diphtheria, for which he had given Kali bich. and Merc. jod. and which removed the membrane promptly and the patient seemed to be doing well; but in a few days there was a relapse, and these remedies then had no effect. He then tried Liquor calcis chlorinatae, Apis, etc., but the membrane still remained, notwithstanding the patient seemed otherwise better and had some appetite. Several members recommended Kali bich. highly, and Dr. C. Preston thought Lach. 4^m might help.

Dr. Bradley said that Liq. cal. chlor. must be freshly prepared to be effectual.

Dr. J. B. Wood reported a case of typhoid fever complicated with vicarious menstruation in the shape of epistaxis, as follows:

A CASE FROM PRACTICE.

BY J. B. WOOD, M.D.

On Sunday, the 2d of December last, I was called to see H. E. Y., aged 12 years, who had been complaining from the preceding Wednesday. The patient, a female, had at the time of my first visit a high fever, pulse 120, with much abdominal tenderness, diarrhœa, the stools averaging from twelve to twenty-four in the course of a day, which continued with the fever about fifteen days. At this period the diarrhœa ceased without any abatement of the fever. The patient now had a severe epistaxis at intervals for several days, continuing until the patient fainted from exhaustion caused by the great loss of blood. At the end of the third week the hæmorrhage ceased, the condition of the patient was somewhat improved,

and since she has been gradually proceeding toward convalescence.

At first upon examining the case my attention was directed to study it as one of gastric fever, but as it progressed the existence of typhoid fever became manifest by sordes on the teeth and other well-known symptoms of that affection.

The family to which the patient belongs is rather of hæmorrhagic tendency, and the nosebleeding was at first looked upon in that light; but as the blood had the peculiar smell of menstrual blood, and the patient was just blooming into womanhood, I finally concluded that it must be a vicarious menstrual period, induced by the effects of the disease, as it continued but about one week.

Having proceeded thus far in the description of the case, I will now inquire of the members of this Society whether they ever succeeded with any remedy in lessening the arterial orgasm consequent upon such condition (blood-poison) until the disease had run its regular course, other than the modification of the disease by the proper homœopathic remedy.

I ask this question because I have been unable to reduce the pulse by any remedy until I found the patient in a state of convalescence, and have come to the conclusion that not until the convalescent stage is reached, in other words, the blood-poison removed, do we ever find the pulse much reduced.

One thing is certain; we find it much accelerated even in the stage of debility.

I have never seen a case of typhoid fever fully described in the books, and have always been at a loss how to treat a case satisfactorily by following them.

In this case the patient had Aconite in the beginning, because she had a fear that she would die; afterward *Belladonna* and *Mercurius sol.* for the abdominal tenderness and involuntary diarrhœa. As the pulse, as before stated, seemed unaffected by anything I had yet given, I gave *Veratrum viride*, with no better result. After a few days the stools became dark-colored and quite offensive, for which *Arsenicum* was given; and likewise *Phosphoric acid* for the extreme prostration; and for a pain down the spine, *Gelseminum* was given for a day. At the end of three weeks the patient began to grow better.

During her sickness she had no appetite, yet her family thought she ought to eat something to keep up her strength. I remonstrated with them for trying to get her to take things that she loathed. Her diet, when she took anything, was

good fresh milk, all the water she desired and occasionally a light lemonade.

When her appetite returned, which it did shortly after she began to get better, I allowed her to have a small portion of such articles of diet as she craved, which I think is the best practice in all diseases, and has, with me, always been attended with the best results.

This case has occurred in a neighborhood where there has been several fatal cases and others of tedious convalescence, and it has been selected for the purpose of showing the superiority of our treatment over that of the old school, as all the others had been subject to that kind of practice; and also that the average period of sickness is reduced by the homœopathic treatment about one-half.

Dr. L. B. Hawley reported the following :

AN UNUSUAL CASE.

BY L. B. HAWLEY, M.D.

Amongst the injured by the wrecking of a train of cars on the Pickering Valley Railroad, on the evening of October 4th, 1877, was a man about forty years of age, who had been removed from the ruins to a milk-car, when I saw him about three hours after the accident. He was at that time in an apparent state of collapse, with imperceptible pulse, sunken eyes and pallid countenance. A little brandy was administered, when he rallied enough to answer questions, and soon after he was removed to another car, which prostrated him again. Brandy again revived him to some extent, but he still complained of great prostration, with a distressing fullness in the region of the left kidney and bladder. Examination revealed no sign of fracture or external lesion, though the sole was wrenched from his left boot, and other parts of the clothing were badly torn.

Leaving him on a bed improvised from car-seats, I left him to attend to others; soon after which an assistant called my attention to a pool on the floor under him, composed of no less than three pints of coagulated blood. The depression of vitality was at this time very great, and the dripping having ceased, I resolved to let him remain as quiet as possible, until he could be critically examined at the house to which he was to be removed, should he survive so long, he being apparently in articulo mortis.

Upon arriving at the house, the saturated clothing and

bloody penis showed that the hæmorrhage had unmistakably proceeded from the urethra. The pain and fulness over the kidney pointed to that organ as the seat of the injury. About nine o'clock the next morning he voided a considerable quantity of bloody urine, and at various intervals for some weeks thereafter, although he was removed about twelve miles in a carriage, to his home, the day after the accident, and from my immediate care. On the eighth day I found him still confined to his bed, but improving gradually. Three months after the injury, a letter from him states that "I am improving as fast as I could expect, but my back is the sensitive spot, and how long I may feel the effects time will tell."

This is a unique case in my experience and reading, which is my apology for this somewhat circumstantial account of it.

Dr. Smedley related a case of spasmodic jerking of the whole left side of the body, which was relieved by Ignatia. Headache followed next day, which was removed by Bell.; then lost sensation in that side, but with a severe pain in the arm and shoulder, which was removed by Rhus; next day felt as if falling or as if the clothing were being pulled down, and Cic. vir. removed this sensation and restored motion and sensibility.

Dr. C. Preston related a case of nephralgia to show the importance of a single characteristic symptom in the selection of the remedy; spasmodic pain was the symptom, and Bell. 2^c cured.

Dr. M. Preston related a case of bilious colic with severe pain in the epigastrium, and considerable jaundice; the patient was frequently awakened from sleep with paroxysms of severe pain. Cured promptly by Lachesis.

Dr. T. Pratt offered the following:

CASES FROM PRACTICE.

BY T. PRATT, M.D.

CASE I. *Orchitis attendant upon Gonorrhœa.*—John ——— consulted me in regard to an enlarged testicle, which was highly inflamed and very painful, and upon examination I ascertained that he had contracted gonorrhœa some time previously and had done nothing for it. There had been a constant discharge until a few days prior to the enlargement of the testicle, when the discharge suddenly ceased, with the result as above stated. I prescribed Gels. 2 $\frac{1}{10}$, and within three days the inflammation and swelling were much reduced, and improvement continued rapidly to perfect recovery.

CASE II. This case presented the same condition as the above, so far as the orchitis was concerned, except that there was no diminution of the discharge prior to the enlargement. I prescribed the same remedy as above, however, but did not perceive much, if any, benefit from its use, and upon a closer examination I ascertained that within a day after the testicle had commenced swelling, in climbing a fence he had slipped and struck it violently, producing considerable pain, but only for a short time. This fact led me to select *Hamamelis* for internal use, and the application of bandages saturated with a solution of *Arnica* and water, which treatment effected entire relief in three or four days.

CASE III. *A Partial Proving of Merc. v. 3 $\frac{1}{10}$ trit.*—Was consulted by a gentleman seeking relief from a severe cold in the head, and finding this to be in the second stage, and presenting the symptoms calling for *Merc. v.*, I prescribed this (according to my usual method for such troubles) in the 3 $\frac{1}{10}$ trit., a powder every three hours. After he had taken the fourth powder I was summoned to see him, when he informed me that the catarrhal symptoms were much improved, but he was then having a most violent facial neuralgia on the right side, originating in the dental nerve and radiating upward over the side of the face. This he first felt after taking the second dose, and immediately after each of the last two the aggravation was marked and intense, so much so that he felt that he could not take another dose. I discontinued the remedy and the difficulty soon subsided. What in this seemed strange to me was the fact that I had prescribed this remedy the same way for years and had never before observed such an effect. I have always prescribed the remedy in this particular kind of neuralgia, and almost always effected a rapid cure.

CASE IV. *Inflammation and Threatening Suppuration of the Submaxillary Glands on both sides.*—A little girl, æt. 5, had greatly enlarged glands as above for some time. There was not much soreness and very little inflammation for a considerable time, but finally there began to appear redness of one side, premonitory to the formation of pus. At this time the allopath in attendance recommended lancing as the only applicable remedy, but the parents demurred, and I was called, when I informed them that I thought there could be another remedy found beside the knife, which I proceeded to select, choosing *Calc. jod. 3 $\frac{1}{10}$ trit.*, under the

influence of which the case soon began to improve, and continued so to do without any further sign of suppuration, notwithstanding the mother, from a belief that they should *break*, continued to poultice the swollen glands.

Adjourned to meet in Philadelphia on April 10th (Hahnemann's birthday), 1878.

BRONCHIAL CATARRH.

BY CHARLES MOHR, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

UNDER the general head of BRONCHIAL CATARRH we may include the following recognized forms, viz.:

I. PRIMARY OR IDIOPATHIC BRONCHITIS.—1. *Involving only the larger and medium-sized tubes.* 2. *Capillary bronchitis, extending into the minute tubes.*

II. SECONDARY BRONCHITIS.—Occurring in connection with the *exanthemata*, *blood diseases*, *e. g.*, gout, rheumatism, etc., or *chronic lung or heart affections.*

III. MECHANICAL BRONCHITIS.—Due to the inhalation of irritant particles.

IV. EPIDEMIC BRONCHITIS.—In connection with *influenza.*

V. CHRONIC BRONCHIAL CATARRHS.—1. Ordinary form. 2. Dry catarrh (of Laennec). 3. Broncho-blennorrhœa. 4. Pilitious catarrh. 5. Fetid or putrid bronchitis.

It is not my purpose to enter into a description of the etiology, anatomical characters, physical signs or diagnosis of these various forms of this disease, but to say something respecting the treatment, which, after all, is of the most importance. Cough we recognize as *one* of the principal symptoms, and in every case the practitioner levels his armamentarium at that, because it is the feature made most of by the patient. If, however, the physician directs his efforts solely to relieving the cough, as is too often the case, his endeavor to cure will prove unavailable. Homœopaths have only to read some of the later works of the predominant school of medicine to be convinced that to treat patients successfully we must apply the rules given us by Hahnemann. Take, for instance, Volume IV of Ziemssen's *Cyclopædia of Medicine* and read Riegel's well-written article on the "Diseases of the Trachea and Bronchi," and more especially that portion relat-

ing to bronchial catarrh, and in these pages it will be found that under SYMPTOMATOLOGY the allopath talks of an "analysis of individual symptoms." Thus he considers it of importance to dwell upon alterations of breathing; cough; expectoration; condition of skin; condition of nutrition; thoracic pains; disturbance on the part of the nervous system; sensations; headache; soporific manifestations; impairment of sleep; loss of appetite; vomiting; constipation; diarrhœa; alterations in the urine; febrile symptoms; sweating; temperature; pulse and irregularities of the action of the heart. Then under the caption TREATMENT we read that "external sources of injury which irritate the bronchial mucous membrane, and which keep up bronchial irritation already existing, must of course be removed as far as is practicable. This is requisite not only at times when such catarrhal inflammations exist, but also at times when the health is sound." . . . "Bronchitic patients are cautioned against exposing themselves to atmospheric changes during inclement seasons, and in acute attacks are forbidden to leave their apartments, in which an equable temperature should be maintained. . . . In primary catarrhs of not too long standing such a treatment, by which the patient is kept for weeks together in an equably warm and pure air, often suffices to remove the malady entirely." Riegel next speaks of "the removal of the injurious influences existing in the individual himself, which excite and keep up the bronchial catarrh." Thus, for example, those forms of tracheitis and bronchitis which occur under the influence of the syphilitic dyscrasia require an antisiphilitic treatment. The same holds good for scrofulosis and for rachitis, which, as is well known, engender a certain disposition to catarrhal inflammation generally, and to bronchial catarrh especially.

"In children with such a diathesis, a treatment directed against the diseased process itself, that is, the bronchitis, does not suffice. It is here essential first to attack the exciting dyscrasia, and thus remove the greater proneness to catarrhal affections, which, while being also a proximate or remote cause of origin, acts continuously as an obstacle to recovery. While in these cases all the expectorant and other remedies directed against the bronchitis fail as long as the existing dyscrasia is not eradicated, it often happens that these catarrhs are promptly cured when the children are better nourished and subjected to an antiscrofulous and antirachitic treatment. In many cases, as a matter of course, it is not possible to sat-

isfy the casual indication sufficiently. This is especially the case in secondary bronchitis resulting from valvular disease of the left heart.

"The same principle holds good with other injurious causes which excite a collateral fluxion of the lungs. The more we are able to remove the fundamental cause or to ameliorate it, the more likely is the secondary bronchial catarrh to diminish in intensity, or even to disappear entirely.

"This plan of treatment succeeds especially in people of middle age, who take little exercise, lead a luxurious and more sedentary life, and consequently have a sluggish circulation. Such patients often suffer at the same time with hæmorrhoids, gastric disturbance, frequent congestion of the head and the like. Here a treatment directed solely against the bronchial catarrh hardly meets with any success worth mentioning."

The author then speaks of the various remedies employed in the treatment of the disease under consideration, and while local treatment, expectorants, emetics, etc., are recommended, what may be expected of them? We will allow Riegel to speak for himself. Of *local treatment* in the form of *inhalations* of atomized liquors, vapors and gases, he says: "The locality to which the medicaments are applied cannot be determined accurately enough to permit one to be certain that the diseased parts chiefly, and not rather the sound parts alone, are brought into contact with them (Waldenburg)." Of *expectorants* we find him saying: "Frequently as expectorants are employed in practice, their value, on the whole, is to be considered as but slight." Of *sal ammoniac* is recorded the fact that "its improper use is only too frequent; . . . it is not so valuable and indispensable a remedy as would be supposed from the frequency with which it is daily prescribed." *Calomel* is spoken of as having received an immoderate and unjustifiable employment. On pages 428, 430 and 433 we find him saying: "Expectorants are usually of little or no use;" "expectorants afford, on the whole, but little benefit;" "expectorants are of little use." On *nauseants* and *emetics* the testimony is: "Emetics, on account of their depressing after-effects, are to be avoided altogether when possible" (p. 429); "emetics, in most instances, are of no special benefit" (p. 433); "the administration of emetics is a method which, in any instance, can only be temporarily employed, and in no instance can be repeated with sufficient frequency" (p. 434). Other therapeutic measures are thus disposed of: *Derivatives* and

revulsives play but a subordinate part in the management of acute and chronic diseases of the trachea and bronchi; powerful derivatives are to be avoided on account of their depressing influence; *diaphoretic* drinks are a favorite remedy in acute catarrh, and hot spirituous drinks are also frequently employed; from these an actual abortion of the complaint is not to be expected. *Mustard plasters*, *vesicants*, *dry cups* and *irritating liniments* are by no means competent to exercise a permanent influence upon the course of the disease; *antipyretics* and *antiphlogistics* play but a subordinate part in the treatment, and but little is to be expected from cold employed for its antiphlogistic effect. There is seldom any indication for the employment of internal antiphlogistic remedies, in addition to which the action of most of them is very uncertain and doubtful; *venesection* is never required in children (as a matter of course, it is contraindicated at any time); and finally, *stimulants* and *tonics* need no mention.

Riegel says, on page 428: "In children and aged subjects it is better not to give any direct remedy for the cough." On page 429: "Great care should be exercised in the treatment of the severe forms of bronchitis, and more especially of capillary bronchitis. The employment of certain special remedies is not so requisite as the careful consideration of each individual case and the accurate appreciation of every element in it." On page 430: "We have already alluded sufficiently often to the fact that remedies can produce but little effect upon the inflammatory process of the mucous membrane; and this is expressly true of the so-called expectorants. This impotence in therapeutics is evident in a still greater measure in the treatment of chronic catarrh." On page 431, in reference to the special treatment of chronic bronchitis, he further says that the therapeutic measures vary greatly, according to the special variety of the disease, the duration and severity of individual symptoms, the age, corporeal vigor and other conditions of the affected individual.

In all this do we learn anything new? Nay, homœopaths have known all these things before some of us were born; but it is well for us that we have these evidences out of the mouths of allopathic authorities, that the only way to cure bronchial catarrh is to treat the *patient* affected, not the disease; and if this be true of this disease, then it is true of all diseases. Before Riegel was born, Hahnemann gave us the true guide in the treatment of the sick, but a large number of physicians claiming to be homœopaths have not learned the

lesson. It is astonishing to find how often these employ the means condemned as useless, if not hurtful, by the allopaths themselves. In my private practice, as well as in the Homœopathic Hospital dispensary service, of over 3500 cases treated within the last three years, many have been patients suffering with affections of the respiratory mucous membrane. The experience obtained enables me to say that the greatest number of these have been patients who under allopathic and mongrel treatment received no benefit; some, indeed, were made worse, and what under no treatment at all would have been simply a cold, cured by the *vis medicatrix nature* in a few days, was converted into an obstinate bronchial catarrh.

My treatment has invariably been—1. To remove the exciting cause if possible; 2. To place the patient under the most favorable sanitary conditions, and 3. To prescribe *one* medicine, selecting if possible the *similimum*.

Everything depends on the care with which the medicine, if a medicine is needed, is selected. To find the *similimum* in every case requires hard study; sometimes it is impossible to find it, but when found, one may well be delighted to see how rapidly and permanently it cures. I recall the case of a prominent gentleman of this city, suffering for two years with a chronic bronchial catarrh, who had been constantly under the care of a physician, receiving every few weeks a prescription, frequently medicines in alternation, and obtaining no relief, but promptly and permanently cured with a powder of *Natrum muriaticum* administered night and morning for one week. The *Nat. mur.* was the *similimum*, but it took me about two hours to find it out. Still, did not the result repay for the time and study required? While a *similar* often relieves, and may cure, we should never prescribe it if the *similimum* can be found. I have frequently given patients no medicine at all, simply because I could not even see a *similar* indicated, and rather than frustrate nature in her efforts to cure, I have prescribed placebo powders. It is remarkable to see how soon some of these get well; the whole trouble having been *too much medicine before*, and I say this even of high dilutions, for it is a fact that even homœopaths who use the higher attenuations solely spoil their cases by too frequent repetition of medicines. I admit having done so myself. Without meaning to be non-homœopathic, many physicians in our school allow patients to use adjuncts and palliatives; they frequently allow sinapisms and poultices to be used, and teas of various kinds “to ease the cough,” because patients request

them ; and, worst of all, others deliberately *advise* these things, and prescribe eclectic medicines, give prickly ash and whisky, quinine and iron, and opium in some form "to quiet the cough." These things ought not so to be. Quite recently a lady troubled with a cough, which first appeared twelve years ago during the climaxis, who had a homœopathic physician prescribe for her a number of times and was finally directed by him to take xanthoxylum and whisky three times a day, was very markedly relieved with *Lachesis*, and I entertain the hope that she will be permanently cured. Some members in our ranks endeavor to cure their cases by selecting a remedy having some supposed pathological relation to the disease. These are doomed to bitter disappointment. It is not a law of homœopathy that to cure disease we must give that remedy to the sick which has the power to produce the *same disease* in the healthy, but it is a law, not only of homœopathy but of nature, that a substance having the power to evoke certain *symptoms* in the healthy will remove *similar* ones in the sick. Perhaps on the pathological question we may advantageously consult Riegel again. On page 414 he says: "The remedies to be employed will vary according to the different forms and stages of the catarrh, the hyperæmia and swelling of the mucous membrane, the consistence of the secretion and its amount, and so forth. Unfortunately, we must premise the remark that many of the indications are hardly to be satisfied by means of the remedies under our control. Thus we have hardly any certain means to remove hyperæmia and swelling of the mucous membrane; hardly any that will overcome the thickening and induration of the mucous membrane which occurs especially in chronic catarrhs." This testimony is from an *authority* in matters diagnostic and pathological! A homœopath may be a diagnostician and pathologist—he diagnoses a hyperæmic or thickened mucous membrane, he prescribes the similimum, all symptoms of a diseased condition vanish—the symptoms coexisting with this hyperæmia or thickened mucous membrane being removed, it is fair to presume the pathological condition has been removed also; but he has not done it because the medicine employed has ever produced in the healthy an identical state; it has done it by reason of the fact that the remedial agent was employed for its known power to produce nothing but a very close *resemblance of symptoms* complained of by the patient, and many of these not even remotely related to the lesion existing. Enough evidence has been deduced to convince any reason-

able individual that the proper treatment for the disease under consideration does not lie in the domain of allopathic or eclectic therapeutics. Whatever may have been the experience of my hearers, mine has convinced me that for the disease under consideration, as well as every other, that treatment employed by the homœopath who practices according to the rules laid down in Hahnemann's *Organon* is the treatment *par excellence*; a method at once simple, effective, and, if it please us better to so call it, *scientific*. It is true we may fail in certain cases; in cases depending on the tubercular process we frequently fail, but that does not invalidate the law; it only shows a lack of knowledge, or of ability, or a want of certain elements necessary in its application. This should never induce us to try means non-homœopathic, for how useless they are has been shown by the admission of those who continually employ them; but we should be more eager to study, more desirous to prove new drugs and reprove old ones, until finally the *similimum* for every case can be found.

The medicines most frequently used in homœopathic practice are too well known to be given here. A reference to the indications given in our literature will be of service in deciding when to give one or the other remedy. It must be borne in mind, however, that any remedy in the *Materia Medica* having the totality of the symptoms of a given case, may be employed, whether put down in our works of practice as a catarrh medicine or not. I report here a number of cases successfully treated by me with some remedies not generally given in our textbooks under bronchitis or catarrh. Though each case presented marked irritation of the bronchial mucous membrane, and patients desired to be cured of their coughs more particularly, my efforts were directed to the whole complex of symptoms, knowing full well that to cure the chest trouble I had only to remove the morbid elements on which that as well as all the other symptoms depended.

CASES.

Æsculus hip.—Patient suffers much with hæmorrhoids; has backache, aggravated by walking. Owing to this condition is irritable, and does not care to engage in any work. Leucorrhœa, thick, yellow, worse from walking. Every morning has a troublesome cough, mostly dry, increased by breakfasting. Stitches in right side of chest and some tenderness in hepatic region. Dull headache. Appetite poor.

Alumina.—Dark complexion; irritable, hypochondriacal. Believes he has consumption (parents said to have died of it). Coughs every morning after rising; expectoration scanty, whitish, sometimes causes him to gag. Chest sore, more left side; sometimes when coughing feeling as if adhesive bands between the pulmonary and costal pleuræ prevented a satisfactory cough. Right tonsil much enlarged, uvula elongated. Takes cold very easily; never sweats.

Ambra gris.—Very nervous old man. Frequent coughing spells, dry in the evening; in the morning loose, expectoration being gray. Exertion and music provokes the cough. Cannot sleep well, owing to thoughts about loss of money. Stools rather costive. Must urinate frequently at night. No thirst.

Argentum nitr.—Teething child suffering with marasmus. Head large, protruding forehead. Body seems well enough nourished but legs are excessively emaciated. Rattling cough. Voice hoarse; cries much and will not be satisfied unless carried about. No appetite, but craves sugar; must have some whenever he sees it. Does not sleep at night. Father is syphilitic.

Colchicum aut.—Frequent attacks of gout, feet most affected; cannot bear touch. Pains in præcordia. Often bloats up excessively. Heat of stove increases the pains. Urine dark, nearly black. With the attacks of gout has a bronchial trouble; chest feels oppressed. Cough at night, with involuntary micturition. Slight hoarseness in the morning. Bowels constipated; urging to stool without effect. Temper easily disturbed, gets angry at trifles; most troubled when children misbehave at the table.

Corallium rubrum.—Infant of syphilitic and scrofulous parentage. Has a cough; was born with it. Coughs incessantly day and night. Cannot sleep. At night the paroxysms are not so frequent but much more violent; turns black in the face and seems utterly exhausted after the cough.

Magnesia carb.—Male child, during dentition has a cough, spasmodic in character, worse in evening till midnight; in the morning cough is looser and there rises a little stringy mucus. Mucous râles in right side of chest heard posteriorly. No appetite; child seems uneasy, has hands in constant motion, face looks distressed. Nurse must walk him up and down the room, yet it does not relieve him. In the open air he is perfectly quiet. Stools frequently greenish, and look like the water in a stagnant pond; they smell sour.

Nux Vomica.—After large doses of Phosphorus and Kali bromatum. Loose cough, with copious expectoration of thick yellow mucus. Involuntary micturition with every coughing spell, and also when laughing or sneezing. Cannot sleep at night till 4 or 5 A.M., then falls into a sleep; awakens again at 7 or 8 and feels dreadfully bad. Violent attacks of asthma almost nightly. Is irritable and easily offended; is oversensitive to any impression; noise, smells, light and music make her worse. Believes she will die of consumption, or that she may be crazy. Losing flesh rapidly.

Phosphorus.—Frequently useful after onion syrup has been given for coryza and laryngeal catarrh, which invades the bronchi, owing to the maltreatment.

Platina.—A lady suffering for eighteen months with a cough, at times dry, at times loose. Shortness of breath and palpitation of heart. Is worse during menses, which are regular but scanty. Induration of os uteri. Feels very melancholy; is becoming emaciated. Fears she is insane or will become so, because a physician informed her she had a touch of insanity. When her bodily ailments seem better the mind is worse, and then she becomes very unhappy because she thinks her children so far beneath her that she calls them little devils, damned little buggers, etc. The whole trouble seems to be the result of a fright from a "planchette" revelation.

Staphisagria.—Scrofulous girl. Father died of phthisis; he is supposed to have had syphilis. She is troubled much with cough, expectorating tough yellow mucus. Eating meat or cleaning teeth invariably brings on a hard coughing spell. Glands of neck and axilla swollen; some have suppurated. Menses regular, profuse. Bowels constipated. Is very sensitive, feeling easily hurt, particularly if mother scolds her, which is often the case without sufficient cause. Has been under old-school treatment, taken mercury, cod-liver oil, etc., and applied iodine to the glandular enlargements.

A CASE FROM PRACTICE.

BY J. C. MORGAN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

JENNIE HAMMOND, age eight years and six months, January 24th, 1878. About the middle of December last, went out to see the Christmas things. Having then a cold, with

sore throat and a dry, tickling cough, for which she was taking "Arnold's Cough Killer," she got more cold, and by repeated exposures still further increased it. She then took a tar mixture, but still got worse.

To-day she presents the following symptoms, from which the diagnosis, *Exophthalmic goitre* was made, complicated as seen below, and apparently provoked by the other symptoms:

Coryza, sometimes stuffed up; clear after blowing out white phlegm.

Cough, with scraping in the throat, great straining and redness of the face; purplish under the eyes; eyeballs looking strained and projecting after the paroxysm; no hooping (never has had hooping-cough). Right external jugular vein much distended during cough. After it, violent carotid beating. Expectoration profuse, muco-purulent, grayish. Soreness in left upper lung when coughing, as if bruised.

Wheezing and squeaking respiration, mostly before coughing and at night.

On auscultation this is located in the large bronchi of the left lung and disappears largely after expectoration.

Heart beating violently over a much increased space. Extensive bruisy soreness on percussion. Cardiac dulness extends a finger-breadth and a half to the left of the line of the nipple.

General emaciation, lassitude, sleep disturbed by cough, especially early morning; has to get up immediately when cough begins, and get on hands and knees or lean over the bedside. Appetite good. Small goitrous enlargement of the left lobe and isthmus of the thyroid gland. Eyeballs protruding, especially the left.

Prescribed *Arnica*²⁰⁰, two pellets, No. 40, three times a day. Rock-candy for cough. January 27th. Decidedly better of cough and expectoration. Repeat *Arnica* for one week.

February 4th. Cough and expectoration almost gone. The heart is somewhat more quiet; cardiac dulness still excessive; eyes look better and less protruded, right scarcely any.

Prescribed *Sacch. lactis*, three times a day.

February 13th. Getting fleshy, little cough; expectoration, clear mucus. Occasional loose râle before coughing. Feels strong, wants to run about and play, but is restricted by order.

Heart still too violent, but much less so. Cardiac dulness does not extend beyond the line of the nipple.

Eyeballs nearly natural. Thyroid gland in statu quo, but scarcely observable. *Sacch. lac.*

PATHOGENETIC RECORD—SNAKE-POISONS.

BY E. W. BERRIDGE, M.D.

DR. C. HERING has appealed to the profession for provings and clinical cases illustrating the action of *Lachesis* and the snake-poisons. With a view to help complete the pathogenesis of these most potent remedies, I now send the following extracts from various allopathic and scientific journals :

1. *London Medical Gazette*, New Series, 1839–40, vol. 2, p. 337, by Mr. H. K. Owen.

J. B., aged 20, was bitten, near Maidstone, by a *viper* on the back part of right index finger, April 18th. [NOTE.—The only venomous snake in Great Britain is the *Coluber Berus* or *Pelias Berus*.—E. W. B.] The bite was immediately followed by intense burning pain in the wounded parts, in a short time extending along the forearm to the middle of the elbow, and thence to the axilla. This pain was almost directly followed by great swelling of hand and wrist; as the pain extended, its severity in the wounded part itself somewhat diminished. Simultaneously with its reaching the axilla, a pain or feeling of constriction was experienced about the head, throat, and right side of tongue, accompanied by a sense of heat about those parts. He also had great difficulty in swallowing. To these symptoms were added nausea (or actual vomiting), dyspnoea, faintness, and a sudden attack of severe pain in the scrobiculus cordis, with considerable thirst. When seen, about thirty minutes after the bite, his condition was as follows: Countenance pallid, extremely anxious, and covered with drops of sweat; pulse small, nearly 100; only two black specks to be seen in the seat of the wound; great swelling and tension of the part, having an oedematous appearance, which extends to a considerable distance beyond the wrist; great pains, though less severe than at first, extend from the punctures along the exterior part of the forearm to the axilla. Only very moderate pressure can be borne along this track; pressure over the four or five ribs of the right side also causes pain; an extreme degree of pain at epigastrium, the least pressure there causing him great suffering; tongue swollen, can be protruded but slowly and in a small degree, and is evidently directed towards the side affected; voice hesitating and thick, and somewhat resembling that of a man suffering from slight intoxication; troublesome thirst and craving for cold drinks; nausea and slight attempts at vomiting, which appear to aggravate the suffering. A ligature was placed round the wrist; free

incisions were made about the wound, which he was told to suck, but very little blood escaped. An emetic of mustard was also given, just previous to taking which a small quantity of half-digested food was vomited. In thirty minutes the emetic operated pretty violently, and the pulse rose in power, the voice became clear, and altogether he felt improved. A slight return of collapse took place a few minutes afterwards, but after taking ammonia he so far recovered as to walk with assistance to the infirmary. On reaching it he felt at first much improved, but feeling somewhat exhausted, he was obliged to lie down for some little time, and he had at this time two convulsive twitches of the right side. The bitten part was incised and a poultice applied. A sinapism was applied to the stomach, and ammonia given as required. In about thirty minutes his appearance was improved; he had less anxiety, the other symptoms were mitigated, and he had passed about half a pint of light colored urine. About two hours afterwards it was found that a good deal of blood had escaped from the incision. At 9.45 P.M. he was better; face calm; pain less, but a good deal of soreness; epigastric pain much relieved by the sinapism; hand and arm more swollen; pulse 90, full and rather jerking, diminished by moderate pressure; tongue protruded easily, and directed straight forwards.

April 19th, 10 A.M. Has had a pretty good night; soreness remains along the course of the former pain; tongue a little white and dry; skin rather hot; pulse 90, as yesterday; slight thirst. The parts about the wound are more swollen than yesterday, and are very tense, extending above the elbow. As there had been no stool since admission, he took calomel, jalap, and a saline draught. At 9 P.M., the medicine had acted briskly and he seems much better; can bear epigastric pressure without causing pain, as also in axilla; this last region up to-day was very tender; tongue a little white; pulse as before.

20th. Has not passed a very good night, having had occasional pain about the hand and arm; this has not occurred lately; very slight general indisposition remains; arm much less swollen, and wound looks pretty healthy. Repeat medicines.

21st. Altogether better. Two stools this morning; arm smaller, slight oedematous swelling of hand remaining; a slight discharge of thin serous matter from wound.

23d. Continued to improve; the wound still produces a thin serous discharge, nor is there any thirst or attempt at

granulation. Since the above date a slight slough has separated, and at times there has been slight pain; but to-day (26th) the sore is covered with healthy discharge, and presents a good granulating surface, requiring merely the approximation of its sides by adhesive plaster for its cure.

The pain extending up the arm was in the course of the median nerve.

Reference made to Fontane's experiment, and to a case recorded in the *Annales du Civile Medicale*, and to one by Mr. Phillips in a late number of the *Medical Gazette*.

2. *London Medical Gazette*, New Series, 1839-40, vol. 1, p. 802, by Mr. Benjamin Phillips.

The symptoms from the bite of a *venomous snake* are usually a sharp pain at the part, with numbness, which rapidly extends. An inflammatory areola surrounds the wound, sometimes small phlyctenæ are developed; considerable tumefaction soon occurs, extending to the whole limb or even the whole body. After a time the pain lessens, the swelling becomes œdematous, livid spots are presented along the limb, and it sometimes becomes gangrenous. The general symptoms are a hard and frequent pulse, injected face, fixed and haggard look, dry tongue, intense thirst, occasionally delirium, syncope, cold sweats, icterus, vomiting, very fetid stools, and acute pain about the umbilicus.

3. *London Medical Gazette*, New Series, 1840-1, vol. 1, p. 303. Dr. Weger's case, briefly quoted from *Schmidt's Jahrbucher*. The bite of a *viper* was followed by inflammation of the tongue and neighboring parts; the affected organs swelled so much that tracheotomy was necessary to prevent suffocation.

4. *London Medical Gazette*, New Series, 1834, vol. 5, p. 49. Reference to paper on *serpent poisons* read by M. Pravas before the French Academy of Medicine.

5. *Medical Times and Gazette*, 1853, New Series, vol. 7, p. 641. Report of the Medical Society of London.

Dr. Crisp said that when the poison of the *rattlesnake* or *cobra* is inserted into a bird, it causes it to wag its tail as if pleased or excited; then suddenly kills it.

(To be continued.)

A NOTE CONCERNING PHOSPHORUS.

BY T. F. ALLEN, M.D., NEW YORK.

It has often happened that the *dictum*, Phosphorus is indicated especially in tall slender persons, has prevented the administration of the remedy to fat people, even when the symptoms demanded it.

I have had so many opportunities to witness the remedial powers of the drug in fat people that a note concerning it seems not out of place.

In pulmonary troubles we find indications for Phosphorus in patients who are becoming emaciated.

In diseases of the nervous system requiring Phosphorus patients are often fat. In fatty degenerations, fatty muscles, fatty heart, fatty liver, especially if the skin assumes an icteric hue and the respiration becomes difficult, and if the patient be sleepy and dull, we may sometimes witness enormous accumulations of adipose matter relieved by Phosphorus.

An average of all the cases *clearly indicating Phosphorus* will, I believe, show as many fat as lean people; at least, so my experience runs.

An interesting observation on the similar action of Phosphorus and Phosphoric acid has just come to my notice. A patient suffering from incipient tuberculosis pulmonalis of the right side required Phosphorus. This was given in the 200th dilution. The patient was able to take but two or three doses, as it was followed by such hoarseness with aphonia that I was obliged to antidote its action with a dose of Belladonna 200th. After some days the same thing was repeated. I then prescribed Phos. acid 200th in water, a teaspoonful three times a day. After two days the patient wrote that after taking the last remedy for one day the same symptoms returned that had just been relieved, and the throat became affected in the same way as after the former medicine.

In the seventh volume of the *Encyclopedia* will be found a case of pleuro-pneumonia with effusions and hepatization, resulting from Phosphorus poisoning.

RHODE ISLAND AND ITS MORTUARY RECORD.

BY GEO. R. PECK, M.D.

ALTHOUGH least in the sisterhood of States, Rhode Island possesses a character entirely her own. Innumerable and oftentimes antagonistic influence, physical, moral and intellectual, have assisted in her development, have moulded the bodies no less than the minds of her children, and thereby determined equally the form and duration of their lives. To some of the material conditions which hitherto obtain, and to some of their results as well, your attention is respectfully directed.

The extreme territorial jurisdiction of Rhode Island (save Block Island, or New Shoreham, an island twenty miles at sea) may be included in a rectangle fifty miles long by thirty-five wide. Its actual extent, however, is materially smaller, covering only 1054.6 square miles, including Block Island. The direct coast-line is but 45 miles in length, and yet 350 miles of shore are twice daily laved by the restless tide. What other State can show a mile of seacoast to every three miles of surface? The patent influence of such a circumstance upon climate is already generally appreciated. Yet none should hastily infer its exclusively maritime character. A considerate glance at any map will promptly indicate the reverse. While five of the thirty-six towns are entirely surrounded by, and fifteen others border upon, salt water, some are removed more than twenty miles therefrom, fully fifty from the ocean. These towns, lying to the northwest and jutting sharply toward Central New England, are strongly continental respecting atmospheric vicissitudes. Here is to be found the severest weather; weather which becomes rapidly and appreciably tempered as one passes southerly or easterly. The same glance will also reveal Boston, but twenty miles removed from her northeast boundary. The east winds of that city are of world-wide repute. Frequently straying, they visit Rhode Island laden with cold and moisture from their homes 'mid Arctic currents, not two hours removed, and chill all nature, thoroughly testing the endurance of conscious and unconscious life.

Rhode Island is singular in respect to the number and character of her children. In 1875 there were 258,239 residing at home. This gave 244.9 inhabitants to each square mile of surface, a density far exceeding that in any other of the

United States. Of the entire population, 71,630 persons, or 27.73 per cent., were found to be of foreign birth. Yet to interpret aright subsequent facts, another discrimination must here be made. Not less than 118,605 persons were of foreign parentage exclusively; 9177 were half alien; only 130,457, or 55.51 per cent., were of purely American extraction. These all had found residences as follows: 44.42 per cent. in cities, 38.81 per cent. in villages, and 16.77 per cent. in the country at large.

The topography of the State is by no means uniform. Every style of configuration, save the absolutely mountainous, is faithfully represented. Granite hills and sandy plains, gravelly knolls and clayey marshy vales, dashing brooks and glittering lakelets alike contribute to render the territory a perfect microcosm. While strict propriety might require a delineation of the coast, midland and upland regions, necessity compels the observance of political divisions, according to which all observations are registered. These differ so slightly in respect to soil, especially if location of population be considered, that details are unnecessary. In general, it may be remarked the soil is light and dry, resting on sand, gravel or rock.

Newport County includes all the large islands of Narragansett Bay, a strip of land some five miles in width on the east of the bay, extending from the suburbs of Fall River to the ocean, and New Shoreham. This gives an area of 116.1 square miles. Its industrial interests are chiefly agricultural and piscatorial. Its population is 8.48 per cent. that of the State. In the country towns 85.72 per cent. are of American parentage, in the city 58.33 per cent.; making the general American parentage 68.16. Its density in rural districts is 72.0, in the city 20.04, averaging 188.5. The temperature is more equable, the climate milder than in any other county. The winter is 6° F. warmer than in Providence, the spring 1.5° warmer, the summer about the same as in Providence, and the autumn 2.5° warmer. The annual temperature is two degrees higher.

Bristol County occupies 24.3 square miles of territory directly opposite Fall River. It separates the waters of Mt. Hope Bay from those of the Upper Narragansett. Its coastline is proportionately very large, being quite shut in from the direct influence of ocean winds, except from the southwest; its temperature is less equable than that of the preceding county. It contains 4.23 per cent. of the population of the State,

58.44 per cent. of this being of American parentage. There are 348.5 persons to each square mile of surface. 9.82 per cent. of its inhabitants are cotton-mill operatives, and yet in proportion to its extent more are engaged in agriculture than in any other section. It should also be noted that very many gentlemen have selected this county as a residence while their occupation is in Providence. Others have chosen it as a place for retirement during the decline of life.

Washington County extends from the west shore of the Narragansett to the Connecticut line, and from the ocean say fourteen miles inland. Its population is 7.77 per cent. that of the State; its area, 331.9 square miles; its density, 60.4. Of its inhabitants 81.28 per cent. are of American parentage; 3.13 per cent. are employed in cotton mills and 6.33 in woollen mills. Owing to the prevalence of westerly winds its climate is more rigorous than that of the opposite county, Newport. Sheepraising is extensively carried on here, as in nearly all coastwise towns. Kent County embraces the double tier of towns next north of Washington County. Its width is about nine miles. It includes the valley of the Pawtuxet with its numerous manufacturing villages. Its climate is intermediary, corresponding to position. It is situated sufficiently near salt water to experience any injurious influence, and yet so far removed as to lose most of its benefits. The population is 7.88 per cent. that of the State, 57.09 per cent. being of American parentage. 16.05 per cent. of the inhabitants are employed in cotton mills, 2.84 in woollen mills, and 2.98 in print-works.

Providence County extends entirely across the State, for eighteen miles from its northern boundary. Here is to be found the severest weather; here also is the great proportion of the population of the State, 32.62 per cent. being found within its towns and 71.61 per cent. when the city is included. The density of the towns is 212.3. But 43.08 per cent. of the inhabitants of these are of American percentage. Their area is 396.8 square miles. A very large number of fresh-water ponds, both natural and artificial, are here found; a smaller number are scattered through the two preceding counties. Every available energy of mind, body or nature is directed toward manufacturing. 11.2 per cent. of the people are employed as operators in cotton mills; 1.3 per cent. as iron-workers; 6 per cent. in woollen mills, and 1 per cent. in print-works.

The city of Providence numbers 100,675 inhabitants, or 38.99 per cent. of the entire population of the State. 45.13

per cent. of these are of American parentage. 1.8 per cent. are employed in cotton mills; 1.7 per cent. in woollen mills; 6 per cent. in print-works, and 2.2 per cent. in iron-works. The city is very favorably situated for drainage and ventilation. Three hills or ranges of hills divide the Blackstone, Mooshausic and Woonasquatuckett rivers, rising to a height of 200, 80 and 70 feet respectively. The descent directly toward the rivers is quite abrupt, and as the valley of the last two unite in the centre of the city, abundant scope is given for all northerly or southerly winds promptly to remove any impure or infected air. The westerly winds leave their mark on Prospect Hill, or they come from a passing call at the abodes of the vile and lowly; still it would have been far worse had this height been otherwise situated. A fine system of drainage and an abundant distribution of Pawtucket River water materially assist our efficient and distinguished health officer, Dr. Edwin M. Snow, in preserving almost perfect cleanliness throughout its entire borders. Ten years ago, when the area of the city was but 6.7 square miles, the density of population was 8148.5; now, although the total number of inhabitants is nearly double what it then was, so much unoccupied territory has been incorporated (present area, 16.5 square miles) that the figure has been reduced to 6101.5, although of course the solid part of the city has materially extended.

Other conditions tending to the healthfulness of the city are to be found in the facts that 12,924 dwellings are of wood and only 351 of brick or stone, that upon an average but 7.58 persons reside in each, and that comparatively a large proportion are surrounded with yards or gardens of considerable extent.

From preceding statements it is evident that the climate of Providence may be taken as that of the State. Modifying conditions for any section have been sufficiently detailed. The figures given are the result of special calculation upon data afforded by the meteorological records of the late Alexis Caswell, D.D., LL.D., and cover a period of eleven years, 1865-75, with reference to which all estimates are made, unless otherwise distinctly specified. During the year the wind comes from between the north and east 76 days; from between the east and south 43 days; from between the south and west 118 days, and from between the west and north 128 days. The relative humidity of the atmosphere is 75.4. The mean cloudiness of the sky, reckoned in tenths of the

visible heavens, is 4.85. The number of rainy or snowy days is 109. The average highest range of the thermometer in the years referred to is 93° Fahr.; the average lowest, 30°; the average extreme range, 96°; the average mean daily range, 15°; the extreme range in any one day, 51°; the average mean annual temperature, 47.90° Fahr. The average rainfall and melted snow is 42.23 inches. The average rainfall for forty-four years is 42.23 inches; the average temperature, 48.1°. It will be observed that while the rainfall has materially increased during the last decade, the temperature has remained almost unaltered—an indication of the accuracy of our type.

Before passing to the causes of death let us briefly consider the condition of the living. During a period of twenty-three years 105.7 males were born to every hundred females; at the same time only 97.6 males died to every hundred females, and yet there remain in the State but 94.6 males to every hundred females. Of these 29.48 per cent. are under fifteen years of age, and 7.34 per cent. are over sixty years. They are distributed as follows: in Bristol County, 28.48 and 9.81; in Kent County, 30.25 and 9.07; in the towns of Newport County, 28.22 and 11.26; in the city, 28.26 and 8.43; in the towns of Providence County, 31.08 and 7.06; in the city, 28.17 and 5.98; in Washington County, 30.44 and 9.96.

State registration obtained in Rhode Island for twenty-three years and seven months, prior to December 31st, 1875. The returns for the earlier years are obviously incomplete; still a general retrospection may not be unprofitable. During this period 68,831 deaths were reported, of which 16.42 per cent. were from consumption; 6.86 from "pneumonia and congestion of the lungs;" 5.39 from old age; 5.08 from cholera infantum; 4.66 from scarlatina; 3.91 from fevers; 2.93 from dysentery; 3.60 from heart disease; 3.24 from apoplexy and paralysis; 3.19 from accidents; 2.12 from convulsions and fits; 2.03 from croup; 1.99 from diarrhœa; 1.90 from cancer; 1.65 from diphtheria, the first case being reported in 1858, and 1.53 from hydrocephalus. The average age of these decedents is 30.35 years, but the residents of different sections fared very unequally. The residents of Bristol County attained 34.86 years; of Kent County, 34.40; of Newport County, 37.20; of the towns of Providence County, 27.86; of the city of Providence, 26.69, and of Washington County, 38.70. During a period of twenty years, ending with 1875, the average of decedents in the city of Providence born of American parents, was 32.73 years; of foreign parents,

22.28 years, giving a general average of 27.57. Regarding time of death it may be remarked that 23.97 per cent. of these city people died between January and March; 22.00 per cent. between April and June; 30.19 per cent. between July and September; and 23.84 per cent. between October and December. Throughout the State during its entire registration, as already referred to, 23.1 per cent. died in the first quarter; 21.1 per cent. in the second; 30.7 per cent. in the third; and 24.7 per cent. in the fourth.

During this long period important changes have been effected in the topography and condition of the State, the number and character of its inhabitants materially altered, and early sources of error in registration more or less completely eliminated. We have seen a decade is sufficient to establish data for meteorological comparisons; it is more surely adequate for sanitary purposes. Let us then examine the mortality from prominent diseases in the various sections of the State during the last eleven years. We find the following facts:

| COUNTY. | Scarlatina. | Consumption. | Cholera infantum. | Pneumonia & Conges. lungs. | Heart disease. | Apoplexy and Paralysis. | Typhoid and Typhus. | Total deaths. |
|--------------------|-------------|--------------|-------------------|----------------------------|----------------|-------------------------|---------------------|---------------|
| Bristol, | 5.61 | 13.38 | 7.19 | 5.95 | 2.78 | 6.69 | 2.95 | 1,764 |
| Kent, | 3.77 | 17.92 | 4.47 | 5.09 | 3.66 | 3.99 | 3.62 | 2,706 |
| Newport, | 2.58 | 13.79 | 4.27 | 4.75 | 4.39 | 5.29 | 4.05 | 3,139 |
| Providence (towns) | 4.57 | 17.55 | 7.09 | 6.22 | 3.96 | 3.01 | 4.92 | 11,586 |
| Providence City, . | 5.80 | 16.36 | 6.32 | 7.55 | 5.11 | 3.74 | 3.69 | 15,135 |
| Washington, . . | 4.32 | 18.50 | 6.19 | 6.80 | 3.48 | 3.98 | 6.49 | 2,616 |

While deaths from scarlatina have been reported continuously for the last twenty-one years, the annual number has varied extremely. Brief exacerbations have been followed by protracted seasons of more or less complete remissions. In 1856 and 1874 the deaths from this cause were more than ten per cent. of the entire mortality, and in 1858, 1864 and 1868, more than eight per cent., but in other years they were very low, only $\frac{1}{2}$ per cent. in 1867. All parts of the State suffer simultaneously, or nearly so. The theory has been advanced that this is a "filth disease." This is apparently confirmed by the circumstance that during these eleven years $52\frac{1}{2}$ per cent. of the decedents have been of foreign parentage, while only $44\frac{1}{2}$ per cent. of the population are of

that class, 27 $\frac{3}{4}$ per cent. being of foreign birth. But it must be remembered another characteristic obtains with this class. In this State exposure to dampness resulting either from location or quality of tenement is common among them. Indeed, it may be asserted that all houses unsuited for occupation from that cause are the abode of foreigners. The importance of this circumstance will soon be rendered apparent. In seeking the causes of mortality from scarlatina certain facts have been strangely overlooked. Man may adapt himself to almost any given condition, but never to impermanence. Sudden and extreme changes leave their irresolvable scars upon his system, and soon he falls in an unequal contest. Recognizing this fact, let us see if there be not some connection between the death-rate of this disease and atmospheric vicissitudes. Perhaps the examination of the following table may throw some light upon a hitherto most perplexing problem. It covers all the years in which one of the conditions is known, and hence is as extended as far as is particularly useful.

| Year. | No of deaths. | Percentage of deaths. | Range of barometer. | Relative Humidity. |
|-------|---------------|-----------------------|---------------------|--------------------|
| 1859 | 71 | 3.1 | 1.231 | 62.8 |
| 1860 | 64 | 2.4 | 1.562 | 70.8 |
| 1861 | 57 | 1.9 | 1.660 | 75.8 |
| 1862 | 47 | 1.8 | 1.910 | 74.0 |
| 1863 | 91 | 2.8 | 1.747 | 76.1 |
| 1864 | 266 | 8.0 | 1.840 | 72.5 |
| 1865 | 255 | 7.5 | 1.504 | 74.3 |
| 1866 | 28 | 0.9 | 2.184 | 72.5 |
| 1867 | 14 | 0.5 | 1.782 | 73.4 |
| 1868 | 93 | 3.2 | 1.992 | 76.3 |
| 1869 | 286 | 8.4 | 1.721 | 85.6 |
| 1870 | 75 | 2.3 | 1.444 | 74.4 |
| 1871 | 66 | 1.9 | 1.477 | 72.7 |
| 1872 | 53 | 1.2 | 1.245 | 72.9 |
| 1873 | 287 | 6.5 | 2.084 | 74.9 |
| 1874 | 462 | 10.9 | 1.740 | 76.0 |
| 1875 | 185 | 4.3 | 1.534 | 76.9 |

It will be observed that each year in which the death-rate has exceeded four per cent. has been characterized by a barometric variation of more than one and a half inches and by great relative humidity, generally above 75. When the death-rate

has been small, one or both of these conditions have been wanting. The only exceptions are the years inaugurating epidemics, the barometric change obtaining at the close, and 1861. An examination of this year, month by month, however, would prove it perfectly comfortable. It is evident, therefore, great barometric changes in a damp atmosphere are necessary to marked fatality from this cause. In a subsequent paper I will farther develop this matter, presenting complete and appropriate tables. Of the entire number of victims to this disease 8.81 per cent. were under one year, 14.41 between one year and two, 40.74 between two and five, 26.27 from five to ten, and 5.98 from ten to fifteen.

Regarding consumptive decedents, attention need only be directed to the lower percentages of the insular and peninsular counties of Newport and Bristol. But if we lengthen our period of observation to sixteen years, 1860 to 1875, we shall find Bristol lost 14.07; Kent, 19.48; Newport, 14.44; Providence County towns, 18.48; city, 17.08, and Washington, 18.43. This relation might have been determined *a priori* by a discriminating consideration of the relative influence of geographical, topographical, and social conditions. I cannot refer the marked difference between the two sets of figures to any important diminution of deaths from this cause, or to restriction of the disease in any manner, but rather to an increase of what may be termed, for convenience, "accidental deaths." While in 1860 there were 2.88 deaths from consumption to each thousand of population, and 2.96 in 1865, in 1870 there were but 2.69, and in 1875 only 2.52.

Time and space forbid additional remark. I add as an appropriate conclusion a percentage table of all returned causes of death from 1865 to 1875.

| | | | |
|-----------------------------------|-------|--------------------------------|--------|
| Accidents, | 3.670 | Cancrum oris, | .028 |
| Abscesses, | .282 | Carbuncle, | .028 |
| Anæmia, | .091 | Catarrh, | .033 |
| Aneurism, | .038 | Childbirth, | .648 |
| Apoplexy, | 1.809 | Cholera, Asiatic, | .127 |
| Asphyxia, | .038 | Cholera infantum, | 5.899 |
| Asthma, | .157 | Cholera morbus, | .353 |
| Bladder, disease of, | .149 | Chorea, | .002 |
| Bones, disease of, | .002 | Colic, | .172 |
| Bowels, disease of, | .274 | Consumption, | 15.625 |
| Brain, disease of, | .912 | Congestion of lungs, | .971 |
| Brain, congestion, | .556 | Convulsions, | 2.496 |
| Brain, inflammation of, | 1.253 | Croup, | 1.748 |
| Bronchitis, | .711 | Debility, | 2.885 |
| Cancer, | 2.130 | Delirium tremens, | .129 |

| | | | |
|--------------------------------------|-------|--|--------|
| Diabetes, | .188 | Edema glottidis, | .005 |
| Diarrhœa, | 1.423 | Esophageal stricture, | .005 |
| Diphtheria, | 1.283 | Old age, | 5.854 |
| Dropsy, | 1.497 | Paralysis, | 1.776 |
| Dropsy of chest, | .195 | Parotid gland, disease of, | .002 |
| Dysentery, | 2.214 | Peritonitis, | .406 |
| Embolism, | .002 | Phlegmasia dolens, | .005 |
| Enteritis, | .749 | Phlebitis, | .012 |
| Epilepsy, | .282 | Pleurisy, | .210 |
| Erysipelas, | .566 | Pneumonia, | 5.216 |
| Fever, | .589 | Prostatic disease, | .048 |
| Fever, bilious, | .119 | Puerperal convulsions (2 y.) | .066 |
| Fever, gastric, | .005 | Purpura hæmorrhagica, | .033 |
| Fever, intermittent, | .010 | Pyæmia, | .063 |
| Fever, puerperal, | .366 | Quinsy, | .005 |
| Fever, remittent, | .020 | Rheumatism, | .429 |
| Fever, typhoid and typhus, | 4.006 | Scarlatina, | 4.588 |
| Gangrene, | .208 | Sciatica, | .005 |
| Gastritis, | .015 | Serofula, | .353 |
| Gonorrhœa, | .002 | Septicæmia, | .010 |
| Gravel and calculus, | .078 | Skin, disease of, | .058 |
| Heart disease, | 4.092 | Small-pox, | .287 |
| Hæmorrhage, | .452 | Spine, disease of, | .216 |
| Hæmorrhage from lungs, | .035 | Spleen, disease of, | .020 |
| Hæmorrhage from stomach, | .005 | Stomach, disease of, | .531 |
| Hæmorrhoids, | .005 | Strangury, | .002 |
| Hepatitis, | .010 | Stricture, | .002 |
| Hernia, | .119 | Synovitis, | .002 |
| Hip-joint disease, | .058 | Syphilis, | .134 |
| Hooping-cough, | .938 | Tabes mesenterica, | .129 |
| Hydrocephalus, | 1.558 | Teething, | .833 |
| Hydrophobia, | .002 | Tetanus and trismus, | .127 |
| Inflammation, | .030 | Throat disease, | .038 |
| Influenza, | .040 | Thrush, | .124 |
| Insanity, | .503 | Tuberculosis, | .399 |
| Intussusception, | .025 | Tumor, | .439 |
| Jaundice, | .083 | Ulcer, | .068 |
| Kidney disease, | 1.126 | Uterus, disease of, | .017 |
| Knee-joint disease, | .015 | Worms, | .038 |
| Laryngitis, | .061 | | |
| Leucocythæmia, | .002 | RECAPITULATION. | |
| Liver, disease of, | .999 | Total known causes, | 93.148 |
| Lungs, disease of, | .363 | Zymotic, | 25.635 |
| Malformations, | .415 | General, | 10.256 |
| Malignant pustule, | .017 | Nervous, | 12.130 |
| Marasmus, | 1.141 | Respiratory, | 23.676 |
| Measles, | .533 | Old age, | 5.854 |
| Meningitis, | .685 | Circulatory, | 4.159 |
| Metritis, | .035 | Digestive, | 4.517 |
| Miscarriage, | .007 | Accidents, | 3.670 |
| Mumps, | .005 | Urinary, | 1.596 |
| Navel, inflammation of, | .002 | Generative, | .780 |
| Necrosis, | .010 | Locomotive, | .732 |
| Neuralgia, | .028 | Integumentive, | .134 |

To ascertain absolute number of deaths, divide the appropriate percentage by 0.002542.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE M'GEORGE, M.D., SECRETARY.

THE quarterly meeting of the Society was held at the West Jersey Hotel, Camden, N. J., on Wednesday, February 20th, at 11 A.M., only a small number of members being in attendance. In the absence of the President and Vice-President, Dr. I. G. Streets, occupied the chair.

Dr. Streets, chairman of the Bureau of Obstetrics, stated that he had been present at the operation of four cases of ovariectomy on Dr. Lippincott's patients, that they had all recovered, and he desired Dr. L. to report them at this meeting.

Dr. Lippincott said he had prepared a brief report of each case, which he would present if the Society desired. The Secretary, at Dr. L.'s request, read the following paper :

FOUR CASES OF OVARIOTOMY.

BY A. E. LIPPINCOTT, M.D. OF SALEM, N. J.

Within the short space of nine months, four very successful operations having been performed by Prof. Malcolm Macfarlan, of Philadelphia, on my patients and under my observation, I thought a concise report of them would be of interest to the Society, and I here briefly present them.

No. 1. Miss R., 28 years old, became quite large, and was the subject of many unpleasant remarks. She consulted most of the physicians in Salem, none of them diagnosing the case as ovarian tumor. Finally she came under my care. After making a careful examination, I was convinced of the presence of an ovarian tumor, and suggested an operation, which was refused at that time. Shortly after she married, and I continued treating the case, consulting in the meanwhile those who professed to cure these cases with attenuated medicines alone. After nearly a year, she having received some relief but nothing more, I consulted with Dr. Macfarlan. July 20th, 1876, he drew off about ten quarts of fluid, and decided on operating. August 3d, he performed the operation, removing about thirty-five pounds. The entire time occupied in the operation was eighteen minutes. The second day after the operation she was changed to the other side of the bed. She received an occasional dose of *Rhus tox*^{2c}. Made a good recovery, and now enjoys excellent health.

No. 2. Mrs. J., aged 61, was operated on by Prof. Mac-

farlan, August 22d, 1876. This lady was in delicate health, and had been unsuccessfully treated by the principal allopathic physicians. At the time, her limbs were very much enlarged and œdematous, and she was very weak. About 11 A.M. the operation was commenced, and although the tumor of thirty-eight pounds was so tender that the fingers would readily pass into the tumor and tear out, she was relieved, washed and dressed in the short space of fourteen minutes. *Rhus tox.* was the principal remedy. Made my last visit October 2d. Her health remains comparatively good. (This lady was reported to be dead on the day of the operation—a mistake.)

No. 3. Miss B., æt. 22, was operated on May 1st, 1877. She had consulted Dr. Atlee, and was told her tumor would not be in condition to remove for some years, and a physician in Salem said she could not live through the operation. Notwithstanding these opinions, Dr. Macfarlan operated in the case, removing a six pound tumor filled with pus and shreds. There was no portion that did not adhere to the adjacent parts. The operation required much effort and occupied about thirty-five minutes. *Rhus tox.* was the principal remedy. Last visit made May 22d. The patient is now enjoying excellent health.

No. 4. Mrs. F., æt. 38. This lady I saw first on March 11th, 1877. She was the mother of several children, and when she asked advice of the Salem physician referred to in No. 3, was told she was mother of enough children to know what was the matter. After operating on No. 3, the professor proceeded at once to operate on Mrs. F., removing a tumor weighing twenty-five pounds. The operation occupied about twenty minutes, and was nicely done. About three hours afterwards a profuse hæmorrhage set in. Prescribed China²⁰⁰, in water, every ten minutes, and quickly cutting away all bandages, used the actual cautery and seared the edges of the pedicle; then used a solution of Persulphate of iron. The bleeding ceased in fifteen minutes. *Rhus tox.* the principal remedy. Last visit paid June 5th. (Operation May 1st.) This patient also made a good recovery.

All the patients were able to walk out in less than six weeks from time of operation. In all the cases clamps were used to secure the pedicles. A weak solution of *Calendula* was used on a small piece of muslin over the wounds. Drs. D. Macfarlan, Brown, and Shafer, of Philadelphia, Drs. Moore and Streets, of Bridgeton, Dr. Sanders, of Woodstown, and Dr.

Charles Newton, of Sharpstown, were present at some or all of the above operations.

DISCUSSION.

Dr. Street, said: The cases were very interesting, but what he wanted to know was about the diet and nursing in these cases. We all know that Professor Macfarlan is a good operator, but what we want to know most is, what is the best way to treat these cases *after* the operation? Dr. Lippincott had successfully treated four cases, not losing one, and the diet and nursing were the most useful things for us to know.

Other members also asked for information on this point.

Dr. Lippincott, in reply, said: In all the cases after the operation, the knees were drawn up and two pillows put under them. When they complained of being restless, and could not stand it, would rather die than keep still so long, instead of giving them medicine, would put a sheet under the breech, draw the pillow down under the shoulders, and have them lifted up, and changed to the other side of the bed; but the patient was not allowed to make any exertion, and no strain was allowed on the abdominal muscles. Prof. Macfarlan was averse to this movement, but Dr. Lippincott assumed the responsibility. Washed the wound twice a day, after second day, with a weak solution of *Calendula*.

For nourishment, gave them milk, toast, Valentine's meat-juice, Liebig's essence of beef, etc.; did not permit his patients to get hungry. Gave them milk as soon as they would eat after the operation, as much as they needed. For the restlessness, gave them *Rhus tox.*²⁰; when they had tympanitis, gave *Carb. veg.*²⁰⁰.

In reply to inquiries, Dr. Lippincott further said: The first two cases had tympanitis; drew the urine in No. 4 twice; for the hemorrhage in No. 4, gave *China*²⁰ one day. The bleeding in this case resulted from an imperfect clamp; it did not fit tight, nor work well on one side; seared the edge of the pedicle with red-hot iron. The patients in all the cases were *willing* to have the operation performed; they took hold of his arm, walked into the room, and got on the table themselves. The Doctor also communicated the following additional details about the after-treatment of the above cases:

In case No. 1, patient was moved from side to side after second day, from two to four times a day, the weather being very hot. We tried putting fresh muslin under the hip as she got too hot, but even with fanning could not bear it; said

she would rather die, but moving her from side to side gave the much-desired relief; her nurse was rather careless, at times failing to follow my directions, causing a more tardy recovery. At one time there was a rather offensive smell, but after washing carefully with diluted *Calendula*, and applying pulverized charcoal, it ceased. Unfortunately this patient was allowed no ice, which I much regret, as it gave the others so much comfort. Not one drop of malt or distilled liquor was used in any of the cases (nor in my entire practice for the last four years).

In cases 2, 3, and 4, by evening of day of operation, received one dose of *Rhus*^{2c}; two hours after operation, half pint of milk; ten hours after, Valentine's meat-juice; these were given every day in small quantities; cream toast used freely after second day; gelatin occasionally, broiled beef, mutton-broth, cracker batter-cakes after third day; all the ice they wished from the start; roast apples on the fifth day; raw apples and grapes sixth day. Bowels moved from fifth to eighth days. When they complained of cramping in the hips or legs they were rubbed with the dry hands, or a little alcohol and hot water, which soothed very much. After second day were moved freely in bed; were not permitted to lie more than twelve hours at a time without changing position. In ten days received a few callers. If any tympanitis was observed enemas of water and lard gave relief. They each received three doses of *Arsenicum* in consequence of thirst, little and often, etc.

Dr. McGeorge then read a paper entitled:

A CASE OF OVARIAN DROPSY.

BY WALLACE M'GEORGE, M.D., OF WOODBURY.

On Wednesday, September 27th, 1876, about 10 P.M., I was called to see Miss Ruth H., and found her suffering very much with oppression of breathing, caused by an accumulation of fluid in the abdomen. Closer examination showed the abdomen distended to its utmost, and the fluid was pressing outward and upward the false ribs, causing pain and uneasiness every time she moved or took a long breath, with inability to lie down. The feet and legs were œdematous, and pitted on pressure.

The history of the case briefly was as follows: Two and a half years before, while living out West, in carrying her nephew, a child two years old but large and heavy for his age, from her home to his parents' home, about three-quarters of a

mile, having to walk in snow, and it snowing and drifting at the time made the walking harder, she became very tired, fell twice with the child in her arms, and feared at one time she would never get to her journey's end. She finally succeeded, and after resting, started back home. She was a long time getting over this strain, and believes she injured herself at that time. A year afterward she began gradually to enlarge in the right ovarian region, and continued to increase in size. In 1875 she came to Woodbury and soon after was thought by those who saw her to be pregnant. She applied for aid to an allopathic physician, but he gave her no encouragement nor relief, and she successively tried two other doctors. The first doctor diagnosed ovarian tumor, and advised her to do nothing until cool weather set in, and then be operated upon. The other physicians treated her for the dropsy, but without amelioration.

At this stage, in September, 1876, I was called in, and found her as stated above. The patient was so averse to tapping that I did not at the first visit propose it. I gave her *Bryonia*⁶ in water every half hour until relieved. The violence of her symptoms was soon relieved and she slept some that night. I continued the medicine in the morning, and left her till the next day about 2 P.M. I was again called, and found her suffering terribly, and in danger of suffocating (apparently). I suggested "tapping" as the only relief in this late stage. She felt so very miserable and discouraged that she consented, saying "she would die if she was not tapped, and she could only die if she was."

Accordingly that evening, assisted by Dr. Wm. C. Williams, I performed the operation of paracentesis abdominis, and drew off about ten quarts of fluid, of an albuminous nature. I gave her *Arnica* for two days, had her bandaged up, and on the third day a fever, resulting from the perforation of the peritoneum, setting in, gave her *Aconite*. In ten days she was about the house, and I began to treat her for the dropsy.

She received *Apis*^{2c}, *Lycopodium*^{2c} and ^{43m}, *Calcarea*³⁰, *Hel-leborus*³, and *Apocynum Cannabinum* 1st, from October to April, without any amelioration of the dropsy, although she improved in general condition, and she had very little œdema of the feet or limbs. The medicines had very little effect in increasing the flow of urine, but the *Lycopodium* appeared to do her the most general good.

April 5th, 1877, I tapped her again, this time drawing off twenty-five quarts (the largest quantity taken from her at

any one time). The fluid resembled soapsuds, was albuminous, more watery, and not so thick as before. She recovered more rapidly this time than before, and I again gave *Lycopodium*, and afterwards, at her own request, or that of her friends, *Asclepias syriaca* θ , thinking that preferable to the crude decoction of milk-weed she was advised to take. This medicine increased the flow of urine and changed its color, but had to be discontinued on account of the nausea it occasioned. She had *Lycopodium* and *Calcarea* again, but without much effect. The quantity of urine passed in twenty-four hours varied from one quart, right after tapping, to a quarter of a pint, just before tapping. All this time she had an anomalous flow resembling the menstrual discharge and taking its place.

July 21st, 1877, she was again "tapped" and twenty-one quarts of a thick, serous (bloody) fluid drawn away. She received *Asclepias* again, but it soon lost its effect, and *Lycopodium*, *Sulphur*, and *Calcarea* were given, with the result of keeping her in good health, except the abnormal secretion in the abdomen.

October 12th, 1877, she was relieved of twenty-two quarts of fluid, resembling that drawn the first and second times. *Collinsonia* was given her, but beyond relieving her piles, did her no good. *Lycopodium* was again resorted to, but no good results seen.

December 5th, 1877, Dr. Macfarlan and the writer drew off twenty-three quarts, after which he explored the tumor thoroughly, and decided to perform *ovariotomy* as soon as she had regained her strength. At this time she was of an enormous size, and by actual measurement, Dr. Macfarlan gave fifty-four inches around the abdomen and fifty-three inches from ensiform appendix to the pubes. Although so large and swollen, she had persevered up to this time in doing most of her work, and actually cooked dinner and washed up her dishes the day after.

THE OPERATION.

December 18th, 1877, at 10 A.M., Prof. Malcolm Macfarlan, assisted by Drs. D. Macfarlan and Brown, of Philadelphia, and Drs. Iszard and McGeorge, of this Society, in the presence of Messrs. Du Bois and Abbott, medical students, the nurse and two sisters of the patient, performed the operation of *ovariotomy*. An incision about six inches long was made on the right side of the median line, and as the different sacs were exposed they were opened, emptied of their contents, and

enucleated from the omentum and liver, and after getting all outside the abdomen, the clamp was applied, and the cysts cut from the pedicle. During the operation, which lasted thirty minutes, thirteen quarts of fluid were removed, besides what escaped into the bedding and wraps, and the tumor, emptied of its contents, weighed about twelve pounds, composed, apparently, of a series of cysts. The wound was closed with five silver sutures, the patient washed and dressed and placed comfortably in bed. As vomiting seemed imminent, her face was bathed frequently with cold water, and a dose of *Nux*³⁰ given her, dry on the tongue.

At 2 P.M., when I saw her again, pulse was 80, skin pleasant. She had been cold all over since we left her but reaction had taken place. 6.30 P.M., pulse 82, skin pleasant; desire to vomit, but no vomiting. 10.15 P.M., pulse 95, skin moist, sour taste in mouth, breathing rather short and oppressed; gave *Aconite*⁶, in water, every half hour.

December 19th, 7 A.M., pulse 75, skin moist. Has taken *Aconite* all night, and one dose of *Nux*³⁰, to remove sour rising in her mouth. Slept an hour at one time, and a little at other times. Wanted broth at 4 A.M., and took one tablespoonful. Has not urinated since the operation; drew her urine. Continued the *Aconite*. 12.30, pulse 83, skin moist; complains of wind rumbling in her stomach; gave an occasional dose of *Lycopodium*³⁰, with the *Aconite*. 6.45 P.M., pulse 88, skin moist, less wind, feels sore pain continually, hurts her very much to move; continue *Aconite*. 10.30 P.M., pulse 80, skin moist, sour stomach once, very uncomfortable, and pain on account of inability to pass urine; breath smells better, breathing nearly natural. Drew off about a quart of urine, which made her feel much easier; continue *Aconite*.

December 20th, 7.10 A.M., pulse 80; skin pleasant; no sick stomach; belching and passing of flatus at times; wants to urinate and cannot. Drew off about a pint of urine, which relieved her very much. She feels quite comfortable now. Gave *Belladonna*³⁰, to help in urinating. 1.30 P.M., pulse 80; urinated once since morning; had some headache. 5.30 P.M., pulse 82; urinated again; headache gone; feels better; less soreness; tolerably comfortable. 10 P.M., pulse 80; urinated again; feels comfortable except when she moves.

December 21st, 7 A.M., pulse 80; skin pleasant; urinated twice through night; no headache nor sour taste, nor rising. Gave *Aconite* every hour. 12.30, 6.10, and 9.30 P.M., about the same.

December 22d, 7.30 A.M., pulse 82; skin moist; taste gone; breathing all right. Gave *Aconite*, and put in some pulverized charcoal over and around the wound. 2.30 P.M., no change. 7 P.M., pulse 72-74; at times intermittent and irregular action of the heart. The nurse thought she had a fainting-spell in the afternoon, her lips looked so pale; is weak. Ordered more animal broth and nourishment. Gave *Aconite* and *China* alternately.

December 23d, 7.30 A.M., pulse a little stronger; has taken nourishment twice; breath offensive. Gave *Nux vomica*³⁰. 1.30 P.M., about the same. 8.15 P.M., pulse 82, stronger. She seems as well as before; has been free from the numb feeling in her arm. Continued the *Nux* every hour she was awake.

December 24th, 7.30 A.M., pulse 72; rather restless all night, very much like a person who has taken drops to make her sleep and has not taken enough, so the nurse said; skin natural warmth; ordered more nourishment. Gave *Carbo veg.*³⁰ every two hours. 3.45 P.M., no change. 6.15 P.M., complains of some cramp pains in arms. 10 P.M., no change except less pains in arms. Gave *Carbo veg.* every two hours. *Nux*³⁰ ditto.

December 25th, 9 A.M., pulse 72; pretty well; moved her over in bed, and changed her bed-clothing. Gave *Nux*³⁰. 2 P.M., 7 P.M., no change, only felt more comfortable.

From this time there was little change in her symptoms; she continued slowly to improve, and I prescribed as symptoms indicated, seeing her three times a day. Continued the pulverized charcoal on the wound and around it, to prevent absorption through the wound into the abdominal cavity. On the eleventh day, December 28th, the clamp was removed, and the patient seen twice a day for six days; after that time once a day for ten days, and then only every second and third days. The stitches were removed on the forty-fourth, forty-seventh, and fifty-first days, and the last one came out on the fifty-second day.

About a week after the operation she complained of pain in bladder, and upon examining the urine the bottom of the vessel was found lined with mucus, which continued about ten days, and disappeared with the pain in bladder. There was no discharge or weeping from the wound, except from the sloughing of the pedicle outside of the clamp. The pulverized charcoal killed the odor and absorbed the discharge.

A remarkable feature of the case was the entire absence of

vomiting, and the slight fever resulting from the extensive incision and interference with the peritoneum, less than was developed the first time she was tapped, showing the treatment she received during the fifteen months had improved her in everything but the abnormal accretion of the cysts.

The patient continued steadily to improve and gain her strength, and in seven weeks after the operation did most of her housework; and in two months' time, although it was in February, she took a carriage-drive. She is convalescing rapidly and will soon be well. She is able to do now many things she was unable to do before, and has assumed her natural shape and proportions. Estimating a quart of fluid to weigh two pounds, she lost in fifteen months 220 pounds of fluid and 12 pounds of fleshy tumor, in all 232 pounds, besides what escaped at the time of the operation.

This patient had some rumbling in her bowels from the first, but had no desire to have a passage, and as she seemed comfortable no steps were taken to secure a passage. The tenth day there was some desire, but as the clamp had not been removed she was kept quiet; and on the nineteenth day, having some uneasiness, an enema was used, and her bowels moved three hours afterward.

Discussion followed the reading of this paper, participated in by all present.

In reply to a question, Dr. McGeorge said: "This patient was averse to tapping and opposed to the operation when first proposed to her, in 1876; but, when she saw Dr. Macfarlan and heard his opinion, she consented at once, and 'gave him her confidence.' From the first she never wavered, did just what she was told to, and laid down on the bed and submitted to the operation cheerfully. She readily acquiesced in anything that was proposed in her case, and proved herself to be a brave Christian woman. She never murmured nor complained."

On motion, Drs. Lippincott and McGeorge received the thanks of the Society for their papers.

Dr. Lippincott submitted some cases to the Society, and asked for advice as to the proper remedies to be used.

Dr. Streets related particulars of a case of laceration or rupture of the perineum in a primipara, and the treatment which was successfully pursued. The Doctor was requested to re-

duce the report to writing, and send to the Secretary to publish with the proceedings.

After some other business had been disposed of, the Society adjourned, subject to the call of the Secretary.

[The attendance of members having become so small, the Secretary was requested to prepare a letter and send to each member, and ascertain how many were willing to continue the Society. If favorable responses are received, the Society will meet again in May; if not, it will be discontinued.]

GELSEMINUM IN PUERPERAL CONVULSIONS.

BY W. L. DODGE, M.D., PHILADELPHIA.

WAS called to see Mrs. G., twenty-four years of age, one month before her expected confinement with her fourth child. Had a midwife with her three previous confinements and had each time an easy labor. Found her suffering with intense headache, hands firmly clenched, feet like ice, head hot and face bloated. I saw that I had a case of puerperal convulsions to deal with. Ordered bottles of hot water to feet, cold water to head, and sent to my office for *Gelseminum* θ ; her pulse was then 120, and bounding; within five minutes after my arrival she had her first convulsion, and had six in rapid succession, the most severe I ever saw. There were no signs of labor, only a slight dilatation of mouth of uterus; the water had broken the day before, the midwife said, who had been in attendance; the bed was then wet through. I put 20 drops *Gelseminum* θ in one-half glass of water, and gave a teaspoonful every five minutes. I had great difficulty in getting her to swallow the first few doses. In one-half hour relaxation of muscles began to take place and convulsions lightened, and within one hour she had regained her consciousness; pulse softer and all symptoms better.

The next morning found her bright and cheerful, headache nearly all gone, from which she had suffered constantly for two weeks. I kept her in bed nearly all the time for ten days, and gave *Gelseminum* 3 \times every three hours. Then I was sent for again and found her in hard labor, with the vagina dry and hot. I then introduced about one ounce or

more of lard into the vagina, thoroughly lubricating the parts, and in ten minutes she was delivered of a fine healthy girl.

I have been surprised many times at the rapidity of cures from the properly selected remedy in diseases, especially of this character; more so because I practiced allopathy for several years, and used to think if opium and bleeding did not cure, that a patient must die or suffer on until *nature* took pity on him and saved his life. No one can become more disgusted with the old mode of treatment than one who has *tried* to save life with it, and then has seen the *rapid* and *perfect* cures performed by homœopathy.

TO THE READERS OF THE HAHNEMANNIAN MONTHLY.

THE editor of this journal greatly regrets, that owing to circumstances over which he had no control, the Journal has gotten so very greatly behindhand, and that the usual amount of editorial matter has not been furnished for several months. Deprived almost entirely of the use of his eyes, for literary purposes, especially at night, he was compelled to abandon such labors. A very great improvement having taken place during the past two weeks, the journal has again been taken up, and the editor intends, with the efficient help of his colleague, Professor Thomas, to issue three numbers in rapid succession, each freighted with first-class matter. For the regretted delay, the publishers are in no way responsible.

The "*Gems and Foils*" of von Grauvogl were prematurely announced. The removal of Dr. Winslow to Pittsburg, and the consequent interruption to literary pursuits incident thereto, have prevented him from making the translation. Due notice will be given of its appearance.

The "*Spirit of the Medical Press*" will be continued, as when first commenced.—EDITOR H. M.

SPIRIT OF THE MEDICAL PRESS.

HYPNOTIC ACTION OF LACTIC ACID AND LACTATE OF SODIUM (*Allgemeine Homöopathische Zeitung*, December, 1877).—Jeruselirsky made experiments for several months with Lactic acid and Lactate of sodium upon healthy animals and sick human beings. The experiments upon animals—nine dogs and nine rabbits—gave no decided results, as these kind of animals are not suitable to such inquiries. The author obtained only a medium degree of action from the administration of from three drachms to half an ounce of the above medicines to two healthy women and three men. He has employed the Lactic acid in twenty-two cases of sleeplessness, occurring in the most different diseases, such as hysteria, etc., and only in a few cases has there been no effect, or an incomplete action. Most generally there resulted from one-half to an hour's quiet sleep after the administration of the remedy. The use was continued over a period of from two weeks to two and a half months, a dose two or three times a week, while the digestion was constantly attended to. In combination with Morphia, it was not necessary to give nearly so much of the medicines.—W. H. W.

PUTREFYING MATTERS IN DRINKING-WATER (*Idem*).—Under this heading, we find in the last number of the *German Quarterly for Public Hygiene*, a lecture, which Prof. Gustav Bischof has lately delivered before the Royal Society in London. In the interests of our readers, we communicate to them some important extracts:

"Drinking-water may be polluted in a high degree by decomposing organic substances, without our having the least suspicion of it from the appearances; indeed it is precisely this kind of contamination which is the most dangerous.

"Putrefying organic matter in drinking-water, induces by itself disturbances in the human organism, but it occurs together with the lower organisms, which are probably connected with the appearance of cholera, abdominal typhus (typhoid), etc.; thus they cause indirectly widespread epidemics.

"These organisms first reveal their poisonous properties when they are associated with putrefying organic matter. Chemical analysis cannot differentiate between fresh and putrefying organic matter; therein lies the essential failure of all methods for the examination of water."

Bischof tried an indirect method, and has communicated the important intelligence, that in a new and peculiar manner, by filtering the water through spongiform (metallic) iron, all excitors of putrefaction are removed. He destroyed, by boiling, the germs of putrefaction adhering to some fresh meat, and then let a stream of water, which had been filtered through the iron sponge, flow over the meat for a month, and no putrefaction occurred.

He experimented in the same manner with animal charcoal, which is used largely as a filtering material. In two weeks the flesh began to show incipient decomposition, and after four weeks it had become quite putrid.

From these facts, the conclusion seems justifiable that the bacteria are rendered entirely harmless by the passage of the water through the iron sponge. An observation made by Bischof before was presented, that sewage, which had been filtered through iron sponge, placed in a glass-stoppered bottle and secluded from the light, remained perfectly clear over five years.

We close with his own words: "Our knowledge of organisms, which

are now pretty generally considered to be the cause of the different epidemic diseases, is still too limited to permit us to prove by direct experiment the action of the iron sponge. It is probable that putrefaction, as well as the bacteria which often attend it, is made innocuous by filtering the water through the iron sponge; but as long as we are unable to isolate the bacteria, practical experiment remains to determine the question. If the results desired should not be gained, and the organisms and germs of putrefaction should not be destroyed, the iron sponge ought to enable us to isolate the bacteria. In other cases we have found in this filter-material the means to prevent the extension, through the use of drinking-water, of many epidemic diseases."—W. H. W.

DR. SCHUSSLER, says (*Idem*), in the fifth chapter of his *Kreislauf des Lebens*, Moleschhoff says the ashes of *Equisetum hiemale* consist almost entirely of silicious earth. The cures of disease of the bladder by *Equisetum*, which are referred to in No 22 of this journal, are therefore probably the effects of *Silicea*.—W. H. W.

APHASIA FROM FRIGHT.—Dr. H. Fischer, Breslau (*Idem*, December, 1877). Dr. O. Kohts has mentioned a number of cases of disease which originated from fright, caused by the bombardment of Strasbourg; among which, and other similar cases which he quotes from the literature of the subject, no mention is made of aphasia. Dr. Fischer has had a case of this kind under his observation for a long time.

The Superintendent of the Oels-Gnesener Road in Schwarzenau, W. Kubale, æt. 32 years, on January 18th, at 6 o'clock A.M., was attacked by four persons, gagged, and his money-chest robbed. He was kicked in the breast, his hands were put in handcuffs behind his back, and a noose of rope was placed around his neck, and drawn taut. He was found in this condition shortly afterwards; he had his senses, but could not speak a word; he gave, however, by writing, an accurate account of everything that had happened. Except a furrow from the cord around his neck, and a slight abrasion of the skin upon the right cheek, no other injuries could be found upon his person. His hearing was intact; the principal complaint was of cramps in the chest. These diminished in a few days, and only the absolute inability to make himself understood by appropriate words remained.

When Dr. Fischer saw the strong-built, well-nourished patient, on the 9th of March he could not utter a word. He answered all questions with the same inarticulate unintelligible sounds. He could write everything, and his memory had not suffered. He could not repeat easy words dictated to him. The sense organs acted normally, and there was no paralysis of the face or extremities. By the most careful examination no trace of injury could be found upon the head or body of the patient. Dr. Fischer ordered the patient, who was still agitated and restless, Kali bromidum, strong food, and mental diversion, and suitable tranquillity.

The patient tried very hard to recover his lost speech. After he had been under Dr. Fischer's treatment for two weeks, he commenced to repeat easy words, and from that time on the speech returned gradually, though even now he is obliged to reflect a long time before the use of certain words.

Dr. Fischer refrains from commenting upon the clinical history of this case, but places himself in opposition to the idea of any malingering. He has not distorted his report of the disorder. He attended the patient with great zeal and earnestness to restore him to health, and exhibited extravagant joyfulness when the sick man succeeded at last in uttering a single word correctly.—W. H. W.

GOA-POWDER AS A REMEDY IN SKIN DISEASES (*Idem*).—Dr. Balmanno Squire says: The Goa-Bahia-Araroba-Arariba Powder; or Chrysarobine, comes probably from a Bahia (Brazil) indigenous sort of Legume, and belongs perhaps to a tree of the family of Cæsalpeen (Cisalpines). It is employed as a local application in skin diseases in India, the Malay peninsula, and in China. It consists of 7 per cent. of Glucoside, a bitter extractive, and a kind of gum; 84 per cent. of Chrysophanic acid; 2 per cent. of resin, and 6 per cent. of woody fibre and ash.

The Chrysophanic acid is the same acid which is found in Rhubarb and the Sorrels.

Experiments made by the author with the Goa-powder and the pure Chrysophanic acid, exhibited in water, alcohol, vinegar, benzole, and fat, showed that the healthy skin under such applications became colored a light brown, which soon vanished; and that when applied to wounds of a superficial character, a moderate stimulation favorable to healing was induced.

In psoriasis, after applications for four days, the Doctor observed the development of a rosy-red areola, and diminished sensibility; the spots became softer and whiter, and the scales dropped off.

He could not confirm the really poisonous properties which have been ascribed to the Goa-powder by a few persons. He observed in a few cases a diffused erythema, and advises caution in its use. He recommends the Goa-powder or pure Chrysophanic acid, not only in psoriasis, but in other non-parasitic skin diseases; for example, in lichen circumscriptus (eczema passul), in chronic lichen, and in dry eczema. He uses the following formula: Acid. Chrysophani gr. x-xxx, Adipis, ʒj, to be heated in an oil bath and stirred until melted and thoroughly mixed.—W. H. W.

CONFERENCE UPON HOMŒOPATHY (*Revue Homœopathique Belge*, September, 1877).—Dr. Martiny, *inter alia*, says: "Do you wish to have an idea now of the progress that homœopathy has made in the capital of France? Here is what Senator Bonjean said in the French Senate in 1865: 'There are in Paris three great homœopathic dispensaries, established by Mr. Catelan, the most celebrated of homœopathic pharmacutists. These three dispensaries gave last year 74,000 consultations. There are besides several other dispensaries less important, established by the doctors and the ministers; these special dispensaries have given for their part 38,000 consultations.'

"There has then been in 1864 112,000 consultations given by the homœopathic dispensaries. Now at five consultations per patient, and this medium result of services is well supported by the official figures in the Catelan dispensaries, 112,000 consultations, we suppose 20,000 to 22,000 patients have had recourse to the new method of treatment.

"As it is not admissible that the patients are the same who have applied to the dispensaries during the five years they have been in existence, it would certainly be a moderate calculation to treble only the figures of the last year in order to appreciate the total number of persons who in five years have thus manifested their confidence in homœopathy. We thus reach 60,000, representing the poor portion of the population, having faith in the new doctrine, and who would apply to the hospital if the disease should become more severe or prolonged.

"Now, sir, what number do you think of the population of Paris have recourse to the hospitals? About 500,000. About a ninth or tenth of the population now would consider themselves happy in finding the treatment in which they have confidence, and such as is administered at the dispensaries.

" 'Do you wish further proofs? I will take them from an entirely different class. In the Senate there are from 165 to 168, comprising the senators of the right, marshals, admirals and cardinals. Well, I believe I can safely say, that of this number there are twenty or twenty-five of us who have placed our persons or our families under homœopathic treatment; and twenty is about an eighth of one hundred and sixty-five. As it is natural to think the intermediate classes would present the same ratio, I have been certainly very near the truth in stating that the people are rallying, rightly or wrongly, to the new system; they represent at this time a ninth or tenth of the population of Paris.

" 'The same proportion is seen at Lyons, Bordeaux, and Marseilles.' "

—W. H. W.

HOMŒOPATHIC MEDICAL CIRCLE OF FLANDERS.—Séance, October, 1877. (*Idem*, December, 1877.) Dr. Scœnens, on scrofulous ophthalmia says: "I have had complete success in the treatment of this malady by Mercury, Belladonna, and Sulphur, and I believe these medicines superior to others, as they fulfil all the indications which are presented.

"Open Hahnemann, open Jahr, and you will find as a pathogenesis of Mercury and of Belladonna: inflammation of the eyes, inflammation of the iris, dilated pupils, deformed pupils, photophobia, etc., in fact all the special characters of scrofulous ophthalmia.

"Mercury has served me well when the cornea was roughened, vesicled, ulcerated; when the ophthalmia had come from a cold, with coryza; when there was abundant catarrhal secretion from the nose and eyes.

"Belladonna when there was photophobia, blepharospasmus, pupil dilated, with a slight conjunctival injection around the cornea.

"Sulphur in herpetic subjects, with blepharitis, or blepharo adenitis; when there were pustules of acne or impetigo upon the face; when there was pterygium and lachrymation, giving place to redness of the cheeks, itching of the eyes or eyelids. I have sometimes used other remedies, as Calc., when there were spots or stains upon the cornea, in bloated or florid patients.

"Euphrasia, when there was very much lachrymation in very sensitive subjects.

"There, gentlemen, is my experience in these painful diseases. If I have had such great success, why all these new medicines praised by Dr. Angel of Boston? Even the old Apis and Ipecac. are included of our confrère Dr. Deckersmaecker. Is it not appropriate to say: *Quod abundat, viciat?*"—W. H. W.

MERCURY IN CHOREA (*Idem*).—Under this title, Dr. Ch. Ravel publishes a work remarkable for its erudition and clearness of exposition. After presenting imposing evidence, and analyzing numerous cases, the author concludes thus: "I have recalled the facts which militate for and against the employment of Mercury in chorea. That the trembling of mercurial production is not chorea, I agree; that it resembles chorea, I believe I may be permitted to say. That Mercury may produce chorea, rarely if you wish, one will not contest.

"Then, in conforming to the formula of similitudes, Mercury should find a place in the treatment of chorea. Is it necessary to say that in the presence of the dangers which Mercury shows when administered in strong doses, it will be proper to employ infinitesimal doses when the indications for recourse to this metal shall present themselves?

"Mercury should also be prescribed when the convulsions denote the development of the meningitis which sometimes terminates the disease."

—W. H. W.

IRIS VERSICOLOR (*Idem*).—Dr. Claude, of Paris, says, Fuchsin, in the 6th dilution and upwards, exercises an evacuant action in constipation.

If the intestinal phenomena change with the dilutions, the action of the medicine is not altered upon the salivary glands, nor in facial neuralgia and migraine.

M. Jousset says: "Fuchsin cures albuminuria; the Fuchsin produces albuminuria in healthy men. Therefore, Fuchsin is a homœopathic medicine."—W. H. W.

RESPIRATORY PHENOMENA OF CHENE STROKE (*Idem*).—The particular dyspnœa, designated by the name of *Chene Stoke*, is characterized by an *apnœa*, preceded and followed by a respiration regularly diminished and accelerated; thus after an apnœa of ten seconds' duration, the respiration is re-established at first superficially, then deeper and deeper, and soon exceeds the normal degree of respiration.

Having reached this, the extent of the respiratory movement diminishes gradually, as it has been augmented; the respiration becomes more and more superficial, and ceases again.

This succession of apnœa and excessive respiration performs its evolution in a very short time—in a few minutes.

This symptom, so very characteristic, is met with principally in diseases of the heart and brain; it is of very grave character.—W. H. W.

NEW HOMŒOPATHIC (*sic*) METHOD, BASED UPON THE APPLICATION OF COMPLEX REMEDIES IN THE TREATMENT OF ALL DISEASES. By Dr. Finella (*Idem*).—Such is the title of a book analyzed by Dr. Partenay. I am personally little favorable to innovations, which are against the foundations of homœopathy, affecting really to respect them. Thus, the theory of Schüssler, with his twelve remedies, pleased me little, in spite of the patronage of Hering.

The system of Finella appears to me no more plausible; notwithstanding one of our confrères having experimented with certain of Finella's remedies with some success, and experience being the sole sovereign test in such matters, I consider it a duty to sketch the new method.

The cure of complicated chronic affections, obtained by treatment with mineral waters, has been the glimmer of light which has guided Dr. Finella. In examining the complexity slowly produced in the bowels of the earth, one is led to conclude that it is necessary to have the collaboration of several medicines, which, by their harmonious action, will remove the obstacles which prevent the return of the organism to health.

In order to formulate the accessory action of remedies, it has been necessary to form as many different groups as there are organs or groups of organs. Each specific is thus formed of several medicines, covering the totality of the symptoms of the group of organs to which it is destined.

With the new method of complex medicines, it is not necessary to expect any reaction; the medicines having all of them a certain destination. As there is no aggravation produced by specifics, no manifest reaction is to be expected; they will react upon themselves, and without any necessity of stopping the specific.

The preparation of medicines and their administration differ somewhat from the usual methods; the remedies are more concentrated. We will show a specimen, in closing, of the *preparatory specific*, with which, according to the author, it is necessary to begin the treatment of all acute and chronic maladies. This specific is the basis of all the other groups.

No. 1. PREPARATORY SPECIFIC.

| Dilutions. | Names of Med. | Proportions. |
|------------|---------------|--------------|
| Third. | Aconite. | Three parts. |
| " | Arn. mont. | One part. |
| " | Bellad. | One " |
| " | Bryonia. | One " |
| " | China. | One " |
| " | Ipecac. | One " |
| " | Merc. sol. | One " |
| " | Nux vom. | One " |
| " | Rhus tox. | One " |
| " | Veratrum. | One " |
| " | Secale. | Half " |

DR. H. BERNARD.

(The fools are not all dead yet, and it is refreshing to know that we have not them all amongst us; a few live over the water.)—W. H. W.

EXPERIMENTAL RESEARCHES UPON THE PROTOXIDE OF NITROGEN.—Dr. T. Blanche (*Idem*).—At this time the exhilarating gas is considered a precious anæsthetic, on account more especially of its innoxiousness. The number of cases of death accumulating from it each day should impel us to a thorough study of this dangerous agent. It is with such a view that Dr. Blanche has undertaken a series of experimental researches, of which we here only present the conclusions.

1. The protoxide of nitrogen, chemically pure, cannot sustain the respiration of animals nor vegetables; the combustion, in which consists respiration, is not energetic enough to decompose this gas.

2. When breathed pure by animals, the protoxide of azote is an asphyxiating gas, which leads to death by producing all the general signs of asphyxia by strangulation, or by respiration of inert gases (hydrogen, nitrogen).

3. If the protoxide of nitrogen breathed pure produces anæsthesia, it is acting as an asphyxiant by depriving the blood of oxygen. The insensibility shows itself only when there begins to be no more than two or three per cent. of oxygen in the arterial blood. The blood is then very black.

4. Animals, on the contrary, can live by breathing artificial atmospheres of protoxide of nitrogen and of oxygen in the proportions of the gas of the air, the protoxide of nitrogen taking the place of the nitrogen without inducing any troubles of sensation.

5. The protoxide of nitrogen appears, nevertheless, to have a badly defined action upon the brain, approaching that determined by a diminution of oxygen, and not producing loss of sensibility.

6. The protoxide of nitrogen, being an irrespirable gas, the preparation of which presents certain difficulties, producing anæsthesia only in consequence of the asphyxia which it determines, and its employment having caused death in several cases, we think that its use ought to be, if not completely abolished, at least greatly restricted in medical practice.—W.

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ZYMOTIC DISEASES AND THEIR TREATMENT.

BY J. H. MARSDEN, A.M., M.D., YORK SULPHUR SPRINGS, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE term zymotic is derived from a Greek word signifying leaven, in accordance with the theory that this class of diseases is dependent upon a poison introduced into the blood, and acting upon that fluid as a ferment. This theory was a favorite one with the great Liebig, who was by the way, a better chemist than physiologist.

Whatever may be the precise action by which the ultimate results are produced, there can, I think, be little doubt but that the morbid agent, whatever it may be, acts *primarily* upon the blood, in the production of zymotic diseases. While we think there is no satisfactory evidence that this action is *identical* with fermentation, or the process set up by the presence of yeast in the gluten of flour, there is probably a strong similarity between the two. When yeast is introduced into farinaceous substances, under certain conditions a process is initiated, with the phenomena of which we are familiar, and the results, which we readily anticipate, are uniform. The products of this action, however, are different from those of the blood poison, as ascertained in any case of disease as yet known. Indeed, the changes produced in the blood in the different varieties of zymotic disease are different, as manifested in the secretions and proven by examination of the blood itself. These researches, however, have as yet been very limited and unsatisfactory, but still sufficient to justify us in the conclusion that the action of the poison of scarlatina is not

identical with that of typhoid fever. But while in the case of different varieties of zymotic disease, there is a difference of action, in all it is probably but a modification of that mysterious manifestation of force called catalysis. This term is rather expressive of the peculiar action of the force than of its intimate nature, of which we know absolutely nothing. This force, however obscure in its nature it may be, plays a most important part in the healthy processes of life as well as in those of disease, in the organic as well as in the inorganic realms of chemistry.

Certain substances, which from their power are termed catalytic agents, when brought into contact with compounds, by their peculiar force disturb the elements of those compounds, causing them to enter into new combinations; or, when brought into similar relations with two or more simple substances, determine their union, resulting in compounds. As an example of the latter, when a jet of hydrogen gas is made to play upon sponge platinum in the open air, the platinum causes the oxygen of the atmosphere to unite with the hydrogen so rapidly as to exhibit the phenomenon of combustion resulting in the formation of water, a compound consisting of the two elements just named united permanently in definite proportions. While this change is being effected, the platinum itself undergoes no change—it neither takes anything from either of the elements with which it is in contact, nor imparts anything of its own substance to them.

That the blood poison which produces zymotic disease acts by catalysis, although perhaps not absolutely demonstrated, is from several considerations rendered extremely probable. From the extensive range which this force is acknowledged to have in carrying on the processes of life, it seems reasonable to infer that it may act an equally important part in the process of dissolution. Further, the extremely small amount of poison, which, under many circumstances, seems only to be required to contaminate and change the circulating fluid, to impart to it characteristics foreign to those of its healthy condition, and obvious to the senses, so as to render it wholly unfit to perform the functions of life. Let, for instance, a child susceptible of the action of the scarlatinal poison be exposed but a few moments to an atmosphere contaminated by the presence of one sick of scarlet fever, and, after a few days of incubation, that disease will be developed in all its intensity. An accoucheur who has lately assisted in a post-mortem examination of the corpse of one who has died of puerperal fever, and who

supposed he had thoroughly cleansed his hands with soap and water, attends a patient in her confinement, freely performing the various manipulations which duty requires in such cases. He leaves his patient apparently doing well, but in a day or two, if not sooner, she has a sudden and severe chill, followed by intense fever, and shortly dies of puerperal toxæmic disease. The poison introduced by the fang of the rattlesnake is extremely small in amount, but it is immediately communicated to the blood, and rapidly changes the character of that fluid so as to produce death in a very few hours.

In the cases we have just cited, it cannot be the amount introduced which, commingling with the blood, not only incapacitates it from performing the functions necessary to life, but absolutely renders it a fatal lethal agent of great power, conveying death wherever it circulates. To effect this, independent of catalytic action, one would suppose the poison originally introduced must be in very considerable amount, and that so small a quantity as is concerned in the cases above stated, if it had not the power of changing the mass of the blood so as to possess properties similar to its own, could not produce such fearful results.

The peculiar form in which the blood poison exists, concerned in the production of zymotic disease, has not perhaps been satisfactorily demonstrated. The germ theory is, however, the one now in vogue. Reasoning from analogy, the strong probability is that the poison exists in an organized form, produced according to the laws of cell formation.

The avenues by which the poison enters the organism to do its deadly work are various. Generally and principally it is through the mucous membrane lining the respiratory apparatus. Sometimes it is admitted through the stomach, as in cases where it is dissolved in water. The venom of the rattlesnake is introduced at once into the circulation by the insertion of the fang which conveys it. In like manner the virus of small-pox may be directly communicated to the blood by means of the lancet, upon the point of which a very minute portion of that substance is adherent. The channel of admission, however, is of comparatively little account so far as regards the certainty of its effects; all that is necessary to this is, that it be commingled with the blood, and that that fluid be susceptible, at least for the time being, of its peculiar impression.

Assuming from the brief considerations just now adduced, and from others which, did space allow, might be stated, that

the morbid agent which produces zymotic diseases acts *primarily* upon the blood by *catalysis*, the question may be asked, upon what element, or elements, of that very complex fluid does it spend its force, or is it equally upon the whole mass? The blood circulating in the vessels at any given time is very heterogeneous. As Prof. Simon represents it, it is the blood of yesterday, the blood of to-day, and the blood of to-morrow. That is, a portion of the fluid mass has already performed the function of nutrition, is robbed of its most important elements, incapable of further contributing to the support of the organism, and on its way to be expelled by the various emunctories as effete matter, no longer worthy of the place it occupies; this is the blood of yesterday. Another portion is that which has fully undergone the process of sanguification, is charged with all the elements of nutrition, and hastening on its mission to repair the losses the various tissues have sustained in performing the functions of life; this is the blood of to-day. Yet another portion still, is but lately admitted into the circulation, and awaits further change before it is prepared to perform its part in the economy; it is the blood of to-morrow.

Upon which of these portions, then, does the catalytic force of the blood poison principally or wholly fall? Professor Simon is of opinion that its action is spent upon the effete matter. This view seems to be strengthened by the consideration that in this the vital catalysis may be supposed to have ceased to act, and no longer offers antagonism to foreign force, and it would therefore be more likely to become an easy prey to such tending to dissolution. But although the first onslaught of the blood poison may be upon the effete matter commingled with the vitalized portions of the blood, it is not at all probable that its action stops here. If the first assault be upon that portion of the blood already useless in the organism when thus acted upon, and still from this changed by the catalytic force of the poison, it would probably be the more rapidly expelled, its altered condition tending to stimulate the emunctories to increased activity. If the above view were the correct one, we should not, I think, generally meet with those grave consequences which often ensue from the entrance of blood poison, as manifested in the severer forms of zymotic disease. Considering the altered condition of the circulating fluid, as manifested in many cases, and the gravity of the symptoms often met with, there is, I think, reason to believe that, at least in some instances, the integrity of the vital portions of the blood is also invaded, so as to materially

change their character and render them unfit for the support of life. The whole mass is "touched corruptibly," and in desperate cases is changed from a nutrient to a lethal agent.

A very considerable number of the zymotic diseases do not occur a second time in the same individual. Such are small-pox, scarlatina, measles, and typhoid fever. Of the latter I have never known but a single well-established case of recurrence. This fact has led some to suppose that the specific poison of these diseases selects some special element of the blood as the subject of its peculiar action, which is changed into a poison identical with that which originated the disease, and is thus eliminated from the system. The blood is then left minus this element for a considerable portion or the remainder of life. This element, whatever it may be, is not considered essential to the integrity of the blood, inasmuch as the individual returns, after its removal, to his usual health, and continues to enjoy it just as if the change had not taken place. According to this theory, however, there must be as many superfluous elements in the blood as there are specific diseases, for no one of these removes the element which serves as the protection for any other. Small-pox, for instance, is not protective against measles, nor this latter against scarlatina. But it is not uncommon for the same individual to experience attacks of several of these diseases, and it is possible that he may have had them all, and yet afterwards enjoy ordinary health. Such a person, according to the theory under review, must have had a corresponding number of elements in his blood that served no other purpose than to make him liable to attacks of severe or dangerous illness; a supposition which all analogy teaches us to be greatly at variance with the wisdom and benevolence of our Creator.

Every consideration, I think, leads us to the conclusion that while it is highly probable, if not as yet absolutely demonstrable, that the action of the blood poison in producing zymotic disease is *catalytic*, yet this action, in different cases, is modified, as shown by difference in the products of disease. In some cases the morbid agent converts that portion of the blood upon which it acts, or at least some part of it, into a poison identical with itself, and capable of producing in other subjects the same disease. In other cases this does not take place.

We have thus cursorily glanced at the cause and nature of zymotic disease; the more important part of our duty yet re-

mains to be performed, namely, to point out a successful method of treatment. And here our space will permit us only to elucidate the general principle, not to enter into minute details of treatment as adapted to individual cases.

I confess I long had my doubts whether the best management of this form of disease did not require a departure from the strict observance of the homœopathic law, *Similia similibus curantur*. When I saw, for instance, a case of malignant typhoid fever, in which some mysterious agent seemed to be disorganizing the blood, so that it oozed in a changed condition through the relaxed tissues, the idea suggested itself that I needed some chemical agent to seize upon and neutralize the poison that was producing such terrible results. I even carried out this view into experimental trials, with a bad success which more rational reflection might have enabled me to anticipate, and I soon abandoned the hope of deriving any advantages from research in that direction.

We have seen that the action of the blood poison in producing zymotic disease is, beyond reasonable doubt, by catalysis. Now, manifestly, the indication of treatment is to *arrest this catalysis*, and, if possible, at an early stage of the disease. If this can be done before the blood is irreparably altered, the morbid process will manifestly be brought to a standstill, and the organization can, under favorable circumstances, repair the mischief by expelling the poison and the blood rendered effete by its action. This, of course, in order to save life, must be done before irreparable change has taken place in the circulating fluid.

The vital processes themselves, physiologists tell us, are carried on by catalysis. The catalysis employed in maintaining life in the coats of the stomach prevents ravages upon those tissues by the catalytic force within, employed in the process of digestion. Hence the mucous membrane lining the stomach is not destroyed by the gastric juice which is dissolving, or rather digesting, the contents of that organ, and which is present within it, when there are no other contents there but its own secretions. From this, and similar examples, we derive the important formula: "That two catalyses cannot be carried on in the same tissue at the same time." If, then, we can introduce into the blood a catalytic agent, of equal or greater power than the morbid poison, we arrest the further progress of its action and, of course, that of the disease. To make sure of such result, this should be done at the earliest possible moment, and before irreparable mischief has taken place.

An important question is, does our *materia medica* furnish us such agents? If this question cannot be answered in the affirmative, in regard to its present or prospective condition, we need proceed no further in our inquiries.

In our researches into the pathogenetic effects of drugs, we have, perhaps, confined ourselves too exclusively to their external manifestations. We have not penetrated sufficiently deep into their *pathological* effects. We have, especially, paid too little regard to their action upon the blood. Hence, it must be confessed, we are not as yet fully prepared to avail ourselves, with the greatest amount of success, of the principle above enunciated. The means of such researches have not till lately been readily available. At present, however, since we have the all-revealing microscope and the wonderfully ingenious methods of chemical analysis, we are fully prepared to go on conquering and to conquer. Such researches, it is true, would be made at the expense of much patience and toil. Of them it might be truly said, *hic labor, hoc opus est*, but they would have their reward.

The microscope should be skilfully employed in examining samples of blood drawn from patients laboring under zymotic disease. The same should be done with that of persons long submitted to the proving of a drug supposed to act by catalysis upon the blood. The excretions of both should be carefully subjected to skilful chemical analysis; it should be ascertained, if possible, whether the medicine is expelled unchanged, and by these means we may discover points of similitude between the action of the drug and the morbid agent, which, taken in connection with external symptoms, will furnish us the key to the most successful treatment of zymotic diseases.

We are not, however, even now without a list of catalytic remedies. We have Arsenic, Baptisia, Rhus tox., Secale, Terebinthina, and many others which, we have no doubt, if given sufficiently long, change the character of the blood. Dr. Hale tells us (we wish he had stated his reason for so believing) that Baptisia produces a condition of the blood resembling that of typhoid fever. Who does not know its great value in that disease, especially if given in sufficient quantity in the formation stage? Who does not know how soon it will change the fetid odor of the discharges in puerperal disease, correct the fetor of the throat in diphtheria and scarlatina, and, at the same time, at least in many cases, initiate convalescence?

What we need to know is simply, in any given case of zymotic disease, what remedy have we that will produce similar changes upon the blood and excretions to those we find in the case before us; and here the more obvious external symptoms will probably also correspond. This known, we have all the knowledge necessary to treat successfully such cases.

I would gladly give the particulars of cases treated upon the principle I have just enunciated. I cannot, however, ask the indulgence of longer attention. It is the great principle I wish to lay before you, which I feel confident will be embraced and acted upon when the pen that writes these lines will long have been laid aside. Thoughtful men, even of the tardy allopathic school, are beginning to discern a light in this direction. Their vision, it is true, is as yet indistinct. They see men as trees walking. But let us take heed that their progress and knowledge do not outstrip our own. This would be greatly to our discredit, for the principle is strictly in accordance with our law of cure, but directly opposed to their cherished therapeutics.

It is truly sad to reflect how many valuable lives, especially of young people, are annually sacrificed in our land through typhoid fever alone, through the want of the general adoption of a rational method of treating that disease. A bulletin this moment lies before me, received only last evening, which brings me almost daily reports of the case of a talented, accomplished and lovely young lady, in whom I am deeply interested, and who now lies in that disease in a large city under the care of "eminent physicians." She has been sick already for several weeks. I read "the fever is unbroken, despite frequent and profuse perspirations. She takes fourteen ounces of brandy, two bottles of champagne, three pints of milk and essence of three pounds of beef in twenty-four hours. The mind is clear in essentials, but wandering. Sleeplessness is a great drawback." The above report is through her aunt, a talented and highly educated lady, the wife of an eminent clergyman, and to be presumed correct. A still later bulletin represents the patient, notwithstanding the "sustaining treatment," as "still growing weaker." Who can doubt the result?

What should be thought of the strategic skill of a commander who, having his troops ensconced behind earthworks under a heavy fire of artillery, should restrict their defensive operations to simply attempting to repair the breaches made by shot and shell, instead of making an effort to silence the

guns of the enemy by a still more vigorous, well-directed and effective fire?

Before closing this paper, perhaps I am expected to say something about the proper dose in treating zymotic disease upon the principle just enunciated. Our positive knowledge upon this branch of our subject certainly does not justify us in speaking dogmatically. The mere partisan of the "high and highest potencies" would doubtless indicate the forty or one hundred thousandth, according as the one or the other of these figures might impress his fancy, as "par excellence" the proper dose. On the other hand, he who advocates exclusively the law, would prescribe in all cases "material doses." My own experience has not been as yet sufficiently extended to lead me to adopt any exclusive practice. Thus far I have, with satisfactory results, used the low attenuations and mother tinctures. If I were to recommend any rule of practice, I would, perhaps, say when a large amount of the blood poison has been imbibed, use the strong tinctures in frequently repeated doses, but when the morbid agent is extremely subtle in its nature and taken into the organism in inappreciable amount, *perhaps* the higher or highest attenuations may suit best. But in following this or any other rule, we will doubtless sometimes be disappointed. I believe the laws of nature to be stable, but administered, as I have no doubt they are, by an infinite Creator, there are occasional apparent aberrations which seem incompatible with *our views* of stability and which sometimes lead to disappointment in expected results. This need not, however, disturb our confidence; it is but a little jar in which more extended knowledge on our part would enable us to see additional beauty. The skilful organist may sometimes throw in a note, not in strict conformity with the laws of counterpoint, but which, so far from producing an unpleasant discord, only tends to heighten our enjoyment of the rich harmony about to follow.

TWO CASES OF OVARIOTOMY.

BY CHARLES M. THOMAS, M.D., OF PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

PROBABLY no operation in the domain of surgery has met with so much opposition as that of ovariectomy. Although first performed in 1809, we find it, less than twenty-five years ago, denounced as barbarous and inhuman, and violently op-

posed by many of the most celebrated surgeons. But how different have been the opinions expressed within the past few years! Dr. Tyler Smith, who had opposed ovariectomy, remarked in 1862, after his first four operations only, that he had thus done more good in ovarian cases than in the whole of his professional career. Others, who had originally decried it, now exclaim, "An operation without its parallel;" "A splendid operation;" "An operation fraught with happiness."

Dr. Peaslee, calculating from Spencer Wells's statistics, claims for Mr. Wells, that he alone, by his operations as an ovariectomist, at that time (1872) numbering 450 cases, has added more than 8046 years to the aggregate lives of his patients, and secured to the survivors 9846 years of average health, in lieu of 1386 years of suffering. By a similar calculation he shows that in the United States and Great Britain alone, ovariectomy has within the last thirty years directly contributed more than thirty thousand years of active life to women, all of which would have been lost had ovariectomy never been performed.

I present the following two ovariectomies, believing as Billroth has said, "that all cases should be carefully reported, both good and bad," especially for the sake of the unfortunate women who are the subjects of ovarian tumors, and who, remaining unoperated upon, or only submitted to tapping, almost all die in the course of a few years; for most of these might be saved by operation, and enjoy a long life afterwards, and the more so, inasmuch as these ovarian tumors are seldom combined with other diseases, and most of these women, with the exception of the ovarian affection, are in good health.

CASE 1.—In the early part of May, 1875, I was called by Dr. G. W. Parker, to see Miss H., of Gloucester, N. J., who had been suffering with gradually increasing enlargement of the abdomen for about three years. I found her considerably above the size of a woman at full term, with quite a uniform swelling of the abdomen, and very prominent superficial veins. Fluctuation at all points, and percussion dulness everywhere, except over upper portion of epigastric region. No change of percussion-sound on altering the position of patient. Uterus normal; cavity of pelvis free; menstruation regular. Patient had first noticed the growth in the left inguinal region, whence it had gradually enlarged upward, and to the right. Monolocular cyst of left ovary was diagnosed,

and, at the request of the patient, the tumor was tapped in the presence of Drs. Parker, Hosfeld, and A. R. Thomas, and thirty pounds of a brownish thin fluid removed. After the tapping, the collapsed cyst-walls could be felt in the lower portion of the abdomen, movable on the right, more fixed on the left side. Improvement in the general health was apparent after the tapping, but the tumor began to fill again, so that by the following fall it had fully attained its former size. Her health being now much broken down, ovariectomy was proposed, but postponed at the request of the patient, and the fluid again removed with the trochar, Drs. Parker, Weaver and Frantz being present. About the same amount of fluid came away, but without showing so distinct a falling together of the cyst-walls. She had for some weeks before had occasional attacks of pain through the abdomen, with fever, and now complained of great tenderness when the emptied cyst was manipulated. Following the second tapping the growth of the tumor was slower than before, but by spring it had reached its old dimensions, with the patient exceedingly weak, emaciated, and anxious for radical interference. She had ceased menstruating soon after first tapping.

On the 16th of March, 1876, I performed ovariectomy, assisted by Drs. Parker, Hosfeld, Weaver, Mitchell, J. F. Frantz and Buck. An incision was made in the linea alba, about five inches in length, and several quarts of thick fluid removed through a Hodge canula; the whole front of the tumor was glued fast to the abdominal walls, and considerable difficulty was experienced in separating them. The hæmorrhage from several points was troublesome enough to require the actual cautery. The back of the tumor (where a number of small cysts were found) was quite firmly attached to the omentum at one point and the transverse colon at another. The latter was carefully broken through with the hand, but the omental adhesion required the removal of a portion of omentum, leaving the stump tied with a fine silk ligature and cutting the ends short. The pedicle of the tumor was too short for the use of the clamp, and was consequently ligatured in two parts with heavy carbolized catgut, divided and dropped back into the pelvis, the ligature ends being cut close to the knot. After careful cleansing of the abdominal cavity and examination of right ovary, which was found healthy, the incision was closed by interrupted silver sutures, covered with a thick broad compress of canton flannel, confined by a

broad flannel bandage reaching from sternum to pubis, and the patient put to bed wrapped in warm blankets.

Duration of operation was fifty-five minutes; weight of tumor and fluid, forty-nine pounds; temperature of room during the operation, 80° F., afterwards 65°; axillary temperature immediately after operation, 99°; pulse feeble, 100. Acon. 1^x every hour. During the night temperature rose to 101°, and pulse to 120. Twenty-four hours after the operation the temperature was 104°; pulse 130; little pain, but considerable vomiting. Death occurred that evening, or about thirty hours after the operation. About four hours after death the abdomen was opened, when the peritoneum was found acutely reddened over its whole extent; the loops of intestine were glued together in a solid mass by exudated plastic matter. Douglas's cul-de-sac contained about a gill of sanious fluid; the abdominal wound was closely united throughout. Death had evidently resulted from acute peritonitis.

CASE 2.—Mrs. S., twenty-six years old, the mother of two children, and a patient of Dr. Kittinger, of Wilmington, had always enjoyed good health up to the birth of her youngest child, who was at the time of my examination of Mrs. S., in June, 1877, three years old. An uncomfortable feeling in the abdomen first called her attention to an enlargement in the left side, which she says increased gradually but regularly, and with but little pain or inconvenience, except that produced by the pressure of the growth on the abdominal organs, until a few months before the operation, when the difficulty of breathing in the recumbent position or after the slightest exertion caused great annoyance.

My first and only examination was made on the day of operation, April 16th, 1877. Although quite thin, the patient had lost but little of her usual strength, and evinced a remarkable degree of complacent courage in regard to the impending operation. The abdomen was quite regularly enlarged, but projecting somewhat more on the left than the right side. Circumference around the umbilicus was forty-seven inches, from sternum to pubis twenty-four inches. The superficial veins on either side very prominent; fluctuation distinct over a greater portion of front of abdomen. Although there had been no history of pain or anything like inflammatory attacks, a considerable amount of parietal adhesion was rendered probable from the fact that a displacement of the

tumor was quite impossible, nor was there any apparently sliding motion between the abdominal walls and the tumor on pressure with the hands or on deep respiration by the patient. In both right and left hypochondria indistinct nodular masses could be felt, although immovable. The pelvic cavity was not encroached upon; uterus freely movable and of normal size.

In the presence of Drs. Kittinger, Tantum, Lawton and Frantz, I made an incision in the linea alba about four and a half inches long. On reaching the peritoneum no point along the line of incision was found unattached to the cyst-walls. The opening was enlarged upwards about an inch and a half, which exposed a small space between the tumor and abdominal walls, through which the index finger and a steel sound were introduced, and the peritoneal surfaces separated with but little difficulty over the extent of the incision. This allowed the admission of the hand, when it was found necessary to break down quite dense adhesions over the whole anterior face of the tumor. A large Hodge canula was now thrust through the presenting cyst-wall, and a quantity of thick chocolate-colored fluid drawn off. This brought into view another large cyst, which gave on tapping a somewhat lighter-colored and thinner fluid. In this way four good-sized cysts were emptied, but still the mass could not be dragged sufficiently forward to engage in the wound. On introducing the hand the remaining bulk of the tumor was found to be made up of small cysts, bound down to the abdominal parietes in the upper lumbar regions by dense adhesions, the breaking up of which revealed a broad band of connection between the upper and posterior surface and the large lobe of the liver. After considerable difficulty this was detached with the hand, and the entire tumor brought outside the abdomen and placed in the hands of an assistant. The pedicle, which was of medium length and size, and on the left side, was now treated by passing a double ligature of strong carbolized catgut through the centre and tying each half separately. The ends of the silk were cut close to the knots, the tumor severed from the pedicle and the latter allowed to fall back into the pelvis. Most of the oozing from the torn peritoneal surfaces had already ceased, and the rest was checked by steady pressure with the fingers over the bleeding points. The most troublesome hæmorrhage was from the surface of the liver, but this was finally overcome in the same manner. The right ovary was now examined and found to contain several cysts as large

as small cherries. These were split open, their contents caught with a sponge, and the cavities thoroughly seared with the hot iron. The soiled loops of intestine and cavity of the pelvis were now carefully cleansed with carbolized warm water. To insure perfect drainage, a curved trocar was passed by way of the vagina through the posterior cul-de-sac into the peritoneal cavity back of the uterus; through the opening thus made, a long piece of perforated drainage-tubing was drawn, so that one end projected at the lower angle of the wound, the other from the vagina. The abdominal wound was finally united by carbolized plaited silk sutures, including the peritoneum. A pad wrung out of warm water was placed over the stitches, dry flannels over that, and the abdomen and hips enveloped in a broad flannel bandage. The patient was then put to bed with warm bottles to the arms and legs.

The combined weight of fluid and cyst-walls was forty-seven pounds, while the usual weight of the patient when in health had been but ninety-five pounds. The operation was finished about one o'clock, having lasted nearly two hours. Three-quarters of an hour of this time, however, had been occupied in resuscitating the patient from an apparent collapse just as the tumor was being cut loose.

The following is a record of her subsequent condition made by Drs. Kittinger and Tantum. In the afternoon of day of operation, pulse 120, temperature 102°. Pieces of ice were given by the mouth, and Acon.⁶ a teaspoonful every hour. April 17th, morning, pulse 125, temperature 105°; evening, pulse 130, temperature 106°. Considerable discharge of sanious fluid from vaginal end of drainage-tube. Bearing-down pains and pressure towards the vulva. R. Acon.⁶, Bell.⁶, in alternation. Oatmeal gruel in small quantities, with cracked ice. Compresses of dilute Calendula to abdomen. Catheter morning and evening.

18th. Morning, pulse 122, temperature 103°; evening, pulse 125, temperature 104°. Pain and soreness in region of liver and cauterized ovary; same bearing-down feeling. Acon.⁶, Bell.⁶, alternately, every hour.

19th. Morning, pulse 125, temperature 102°; evening, pulse 118, temperature 102°. R. Acon.⁶, Bell.⁶.

20th. Morning, pulse 110, temperature 100°; evening, pulse 92, temperature 99°. Complained of great weakness; pulse feeble. China and Bell.

21st to 24th pulse ranged between 84 and 100, temperature between 99° and 102°. On the 23d the rubber drainage-

tube, through which twice daily about three ounces of warm carbolized water was injected into the peritoneal cavity, was replaced by a few strands of silk, to keep the passage free, and as there was after this but little discharge through the vagina, it was removed in three days. The use of the catheter was discontinued on the 23d. After this time the temperature and pulse decreased gradually till the 30th, when they were perfectly normal, and remained so.

On the 26th the abdominal sutures were removed, and an enema of warm water moved the bowels freely, and the symptoms calling for Sulph., it was given in the 200th potency. From this time China was the main remedy, although on the 28th she received a dose of Nux vom.²⁰⁰, on the 30th one dose of Silicea²⁰⁰, and on May 3d Sulph.³⁰⁰, which ended the treatment. The diet was mainly iced milk, oatmeal gruel, and mutton broth. Eighteen days from the date of operation she could sit up without inconvenience, and enjoyed good appetite and sleep. When last heard from, September 6th, 1877, she was in excellent health.

In most of their main features, these two cases bear a marked resemblance. In age, temperament, and weight, they were very similar. They both lived on the outskirts of a town, with every chance for pure air and good ventilation. They both were so situated as to receive good nursing. The tumors were polycystic, and of nearly the same weight. The abdominal walls in both were very much thinned. The incisions varied but little in length. The adhesions were similar—extensive parietal in both, with hepatic in one, omental and intestinal in the other. Hæmorrhage was inconsiderable, and about the same in each. Duration of actual operation about the same in both cases. The pedicle in both was too short for the clamp, and each was treated by ligation and dropping back.

On the other hand, in Case 1 the duration of the disease before operation was four years; in Case 2 it was but three years, which circumstance, according to some authorities, had it not been for the tapping, should have been a favorable condition in a fatal case. Again, the health of Case 1 was most impaired, which was also *cæteris paribus* in its favor.

Case 2 was married, and had borne children, while Case 1 was single—once more a favorable circumstance in the fatal case. But, finally, tapping had been practiced twice in Case 1, with the probable contraction of adhesions after the first tapping, followed by much exhaustion after the second. Al-

though still an open question, it can now hardly be doubted but that tapping does materially reduce the percentage of success, both from its influence in producing adhesions and in lowering the vitality of the patient.

In the second case the drainage-tube was used, but the want of it could hardly have been a cause of the fatal issue in the first, as the amount of fluid found accumulated at the post-mortem examination was too inconsiderable to have produced the peritonitis.

A CASE OF PUERPERAL CONVULSIONS.

BY A. R. THOMAS, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

AT 6 o'clock, on the morning of Sept. 14th, 1877, I was called to see Mrs. C., of West Philadelphia, aged about thirty, blue eyes, sandy complexion, and in the eighth month of her second pregnancy. Her first confinement was at full term, and without any unusual complications. She had been unusually well during the whole of the present gestation up to the day previous, when, after a hearty dinner of fish, she was taken with a severe pain in the head, with vomiting. Her husband returning from his business at 6 o'clock, P.M., found her in bed, and still complaining of her head, and occasionally vomiting. He gave her a hot foot-bath, but the pain continued; she became extremely restless, and got but short snatches of sleep during the night. At 5 o'clock, A.M., her husband was suddenly awakened by her violent movements, when he found her in a severe convulsion. As this passed off, her breathing became heavy and noisy, gradually returning to a more natural character, when she regained partial consciousness, yet continued extremely nervous, and became greatly frightened from the presence of her husband or others, screaming with terror, and was with difficulty quieted.

Soon after 6 o'clock, she was seized with a second convulsion. As this passed off, her husband sent a messenger boy for me. While he was absent attending to this, the patient had a third attack, this, like the previous ones, being preceded by vomiting and followed by stertorous breathing.

Soon after 7 o'clock I reached the house, and found Dr. Pusey present. He residing near, had been called in after the third convulsion. The patient was now in a dull, stupid condition, yet when questioned would give answers, and still complained

of severe pain in the head. Thinking the trouble might have resulted from the hearty dinner of fish the day before, Dr. Pusey had given Nux and Bell. Looking for other causes for the convulsions, I examined for evidences of dropsy, but found none. No urine was at hand for examination. Continuing Bell. 3^d every half hour, I returned home, with the promise of making her an early visit in the forenoon.

At about nine o'clock, a messenger brought word that my patient had had a fourth convulsion, and the husband desired my immediate attendance. Repairing to her house, I found her extremely restless and but partially conscious. During my absence she had voluntarily passed urine, but unfortunately the servant had thrown it out before my arrival; gave Stram. 3^d. Making a digital examination, found the os so high in the pelvis as to be reached with much difficulty. The parts were soft and dilatable, the cervix not entirely obliterated, yet the os receiving the end of the finger and permitting contact with what I believed to be the fetal head. By auscultation, detected the pulsation of the fetal heart low down and to the right of the median line. No evidence of commencing labor was observed. At this time she was suddenly seized with the fifth convulsion, attended with violent movements, frothing of the mouth, biting the tongue, and slight opisthotonos, and followed with heavy stertor.

Fully realizing the gravity of the case, I now called for a consultation, and sent for Dr. J. K. Lee. He having left his office, Dr. J. N. Mitchell was sent for, with request to bring instruments, including Molesworth's dilator. Before his arrival, Dr. Lee, passing the house, was called in. Concurring with me in regard to the character and gravity of the case, he advised that should the convulsions continue, and labor not come on, artificial delivery should be resorted to.

Dr. Mitchell arriving at about 11 o'clock, while in consultation in regard to the case, the patient was taken with another convulsion, the sixth. In deciding upon a course of procedure, we had to choose between a reliance upon medicine alone, leaving nature to empty the uterus in her own time, and mechanical interference for securing that end. Although there had been no opportunity for examining the patient's urine, and no symptoms of dropsy were present, and she had been perfectly well previous to the afternoon before, yet from the character of the convulsions, and the mental condition of the patient during the intervals, we were quite satisfied of the existence of uræmic poisoning, and that we should find albumen

in the urine, as opportunity offered for testing the same. Aware of the great peril to both mother and child from the continuance of the convulsions, and realizing the importance of securing an early evacuation of the uterine contents, and thereby relieving the pressure upon the congested kidneys, it was decided to proceed at once and mechanically dilate the os, hoping that the uterine contractions might come to our aid and thus procure a prompt delivery.

At 11½ o'clock, the patient was placed under the influence of ether, and, commencing with the second sized tube of Molesworth's dilator, we proceeded cautiously and slowly to dilate. From the high position of the uterus, much difficulty was met with in conducting this operation, and not until after 2 o'clock was the os sufficiently dilated to permit of attempt at delivery of the child.

During the three hours and over that the patient was under the influence of the ether, the convulsions were repeated about every forty minutes, greatly modified, however, by the anæsthetic, and scarcely to have been recognized as convulsions, except from the rapid, stertorous breathing following each attack. Several vomitings also occurred of dark "coffee-grounds" like matter, the last being of almost tarry blackness, and giving us no little anxiety, until ascertained to have been from blood swallowed from the severely bitten tongue.

To our disappointment no uterine contractions came to our aid during the process of dilatation, and after this was completed, the question of waiting for pains to come on, or of proceeding immediately to deliver, became an important one. Considering the condition of the patient, and the uncertainty of securing uterine contractions within any reasonable period, it was decided to deliver at once. An attempt was made to apply the forceps, but from the high position of the head, with the rather incomplete dilatation of the os, it was found impossible to adjust the second blade. The only alternative now remaining was to produce podalic version and deliver by the feet. Considering all the circumstances of the case, it was thought extremely desirable to effect version in this instance, if possible, by the bi-manual, or bi-polar method of Dr. Hicks, and thus save the patient the increased danger of a complete introduction of the hand into the uterus. Dr. Mitchell therefore attempted this method, and was so fortunate as to meet with perfect success. Introducing the right hand fully within the vagina, and the first and second fingers only within the os uteri, the head was pushed to the right—the presentation

being a right occipital one—while with the left hand applied externally to the opposite pole of the fetal ovoid, pressure was made upon the breech to the left. In a short time, and with little difficulty, the child assumed a transverse position, bringing the knees within grasp of the fingers. Bringing down one leg, the body of the child was easily delivered, while the extraction of the head was attended with rather more than the usual amount of difficulty, being closely grasped by the somewhat narrow os. Respiration was established with little delay, and the child is now doing remarkably well, although when born it weighed but three and one-half pounds. The placenta was readily removed, and the uterus appeared to contract satisfactorily. Remained with the patient about three-quarters of an hour after delivery, she sleeping quietly during this time, with good pulse. Left Bell., with directions to give it every half hour after she awakened.

At 7 P.M. the patient was visited, and found to have had a convulsion one hour previously; also there was quite a severe flooding at 4 o'clock, lasting for over an hour. Pulse now 90, temperature 101°. But partially conscious, scarcely recognizing her husband or friends. Great restlessness.

At 9½ P.M. patient was found in much the same condition as at previous visit. No sleep. Several ounces of urine were then drawn with the catheter. Test by heat revealed nearly one-half albumen.

At 12 P.M. was called up, with news that my patient had had another severe convulsion. Found that the stertor following, though loud, was not so prolonged as before. Very restless and but partially conscious. Head cool, and little appearance of cerebral congestion; pulse about 85. Impressed with the feeling that sleep would be of great advantage to my patient, and believing the case was not one of the apoplectic form, and that the treatment suggested by Dr. Kitchen, if ever applicable, should be in this, I ventured to give her an anodyne. Putting one-half grain of Morphine in eight spoonfuls of water, I directed a teaspoonful every half hour until sleep was induced.

Calling at 9.30 the next day, was greeted by an intelligent smile of full recognition. Found that after the second dose she had three hours of continuous refreshing sleep, besides several shorter naps.

An examination of the urine this morning gave about one-quarter albumen, a great reduction from the day before. While the patient's mind was now clear and she could converse in-

telligently, she was completely oblivious of the events of the previous thirty-six hours, and remains so to the present time.

Under Gels. 3^d the convalescence from this time was rapid and continuous. In three days all trace of albumen had disappeared. Lactation was established without febrile excitement or trouble of any kind; and now, nineteen days after confinement, the woman is about the house.

The following interesting and instructive points are offered by this case:

First. The fact that it is possible for albuminuria to exist with accompanying uræmic poisoning to such an extent as to produce convulsions, without any of the dropsical symptoms usually present under those circumstances.

Second. It shows the possibility of mechanically dilating the os, producing version, and successfully completing delivery without uterine contractions.

Third. The case demonstrates the readiness with which version may be produced by the bi-polar method—at least in some cases—thus saving the patient the increased risk from the introduction of the hand into the uterine cavity, a procedure always attended with more or less pain, difficulty, and danger.

ERUPTIVE DISEASES.

BY J. B. WOOD, M.D., OF WEST CHESTER, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

By the above caption we do not intend to embrace or include all eruptive diseases, but only *variola*, *cow-pox*, *varicella*, *varioloid*, *urticaria*, *measles*, and *scarlet fever*. Neither do we propose to enter fully into pathology, course, and termination of these diseases.

An exanthematic disease is characterized by an inflammatory process, in which the skin of the affected or afflicted person undergoes change of form and color, and is quite different from injuries caused by mechanical means, and by such processes by which the cuticle is removed or destroyed.

In the extent of the surface involved and the pertinacity of the fever (in many cases causing destruction of the skin), lies the cause of many fatal terminations in *variola* and *scarlet fever*.

We all know that in burns and scalds, the large amount of the skin involved is the cause of an early fatal termination.

Our aim in these diseases, particularly in *variola* and *scarlet fever*, should be to moderate or remove the intense congestion of the capillary system, and thus prevent the destruction of the cuticle, induce perspiration, and thus open the door for the escape of the morbid processes going on within, and save the lives of our patients.

We do not propose to fully detail the treatment to be pursued in each of these diseases separately, as the same structures are generally involved, varying only in form of eruption and the intensity of the symptoms.

To moderate these by a proper regimen, or hygienic measures, should be one of the first things in the mind of the physician, and we hold that no better method can be adopted than that of giving the patient plenty of good fresh milk as a diet, the proper ventilation of the room, and change of clothing on the person and on the bed.

I also recommend that the patient be washed with tepid milk and water to allay the intense itching which occurs during desquamation, as it is grateful to the patient.

The treatment which I shall lay down, viz., the internal administration of *Digitalis* and Sulphate of zinc, in these diseases, may not be considered by many as homœopathic, but if provings of *Digitalis* are examined, it will be found an excellent remedy for capillary congestion as well as for various other phenomena pertaining to these diseases; and although I have been unable to find any recorded symptoms of the Sulphate of zinc in our *Materia Medica*, under the head of Zinc, many symptoms pertaining to or belonging to these diseases will be found.

I also use it upon the same principle that I would use Tart. emetic, for the purpose of throwing the eruption to the surface.

My plan of administering these remedies is to take equal parts, by weight, of powdered *Digitalis* and Sulphate of zinc, and make the first decimal trituration.

Of this preparation I put four or five grains in a tumbler of water, and administer it in teaspoonful doses every hour, for twenty-four hours, and then at longer intervals.

Some may object to thus mixing two remedies, but for my part I can see no difference between mixing them in water to administer, and dissolving them separately and administering in alternation, and thus forming the mixture in the stomach, or in the blood in its course through the system.

Our main object in these diseases should be to abridge their duration, for it is generally in cases of long duration that we

find the much-dreaded sequelæ of otorrhœa, deafness, etc., and my experience of several years satisfies me that this treatment is the best that I have yet tried, and trust that our professional brethren will give it a trial and report the result.

RUPTURE OF THE AORTA SIMULATING COLIC.

BY PEMBERTON DUDLEY, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

MR. H. V. T., æt. about sixty-three to sixty-five, heavy and somewhat corpulent, a retired builder, was attacked at 9 o'clock P.M., August 23d, 1877, with violent cramplike pains across the upper portion of the abdomen, sometimes appearing to originate in or near the right kidney, but not following the course of the ureter. There was some nausea and vomiting, and three large but consistent evacuations of the bowels; also occasional brief attacks of hiccough, which added considerably to his sufferings. Four hours from the beginning of the attack (*i. e.*, at 1 A.M.), I found him extremely weak, pale, with the face and extremities cold and bathed in a free perspiration. The expression betokened intense anxiety and suffering. The pulse was 80 to 84, soft, and somewhat irregular. The abdomen was somewhat distended, and slightly sensitive to the touch. The pains at the time of my arrival were remittent, the intervals of comparative relief occupying perhaps one minute, while the paroxysms lasted about half as long. He was drowsy, but could lie only on his right side, and but a few moments at a time. The patient had for some years been troubled with a paralysis agitans of the upper extremities, and with excessive flatulence in the large intestine. Some years previously I had treated him for arthritic rheumatism of the foot, a fact which did not recur to me at the time of this visit.

I was at first led to suspect a renal calculus; but from the direction and extent of the pains, was afterwards disposed to the opinion that I had an ordinary though very severe bilious or flatulent colic to treat. I administered at once a hot foot-bath, and gave internally Bryonia tincture in water every five or ten minutes. In about an hour he was so much better—the pains having become decidedly lighter, and changed from remittent to intermittent—as to lie down and fall asleep, being awakened, however, every few minutes by the return of the paroxysm, when he would spring to the floor and knead his

abdomen to relieve the pain. At this time I left, expecting to find my patient still better upon my return in the morning. At six o'clock a messenger informed me that he was growing worse again, and I sent him *Dioscorea villosa*. At 9 o'clock, twelve hours from the invasion of the attack, I received an urgent summons, and hastening to the house, found him dead. He had been lying down, but suddenly sprang to the floor, made some remark about the dreadful suffering he was enduring, then sank down upon the bed, and with a single gasp, expired.

Three days after death, a *post-mortem*, made by Dr. W. H. Winslow and myself, revealed the following conditions.

The entire intestines—large and small, were perfectly empty and free from inflammation or other evidences of disease. The stomach, liver, spleen, and pancreas all showed a like healthy condition. The kidney was not removed for reasons which will presently appear; but a careful and thorough palpation of this organ and of the ureter *in situ* failed to reveal any indications of the presence of a calculus.

The peritoneum was loaded with fat and was also free from abnormal indications, except that the gastro-hepatic omentum was discolored with what afterwards proved to be blood infiltrated between its layers. On opening the cavity of the chest, the heart was found firmly contracted, its cavities empty, and its tissue normal. The right pleural cavity contained about three pints of serum and four pints of coagulated blood; the right lung was of course collapsed, but was otherwise healthy like that of the opposite side. The aorta revealed an aneurismal sac on its right latero-posterior aspect, just below the termination of the arch, which was highly atheromatous throughout. This aneurism had ruptured, and besides discharging a torrent of blood into the right pleural cavity, it had also permitted a large quantity of blood to infiltrate into the loose tissues of the posterior mediastinum, and down through the opening of the diaphragm and between the layers of the lesser omentum, as before described. The meshes of these tissues were a solid mass of infiltration, so firm and extensive, as to force us to the belief that the infiltrating process had been quite slow, and had occupied perhaps hours in its accomplishment.

Dr. Winslow's view, in which I fully concur, is that a small rupture had occurred in the aneurism, at or before the beginning of the attack. The infiltration of blood into the omentum would in itself be sufficient to account for the pain,

and indeed for most if not all the other symptoms. Is it not also possible that the pressure of the effused blood upon the splanchnic nerves could have given rise to the whole train of symptoms, including the pain in the renal region; these nerves being distributed to the semilunar ganglion, the solar and renal plexuses. Of course, the final rupture which poured the torrent of blood into the pleural cavity, must have occurred when the patient sprang out of bed just previous to the moment of death.

If the above view be correct, the case is interesting and peculiar from the fact that the rupture of a large aortic aneurism is always expected to be followed by instantaneous death, whereas, it is probable that in this case the patient survived at least twelve hours after the occurrence of the accident.

CLINICAL CASES.

BY CHARLES MOHR, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

EUPHRASIA.—Bella R., aged two years. Since June, 1875, had prolapsus ani, result of tenesmus attending dysentery. The ordinary medicines, such as *Nux vom.*, *Ignatia*, *Podoph.*, *Calc. carb.*, *Sulphur*, prescribed as they seemed indicated, only relieved temporarily. Attempts at reduction failed also. On March 20th, 1876, after the prolapsus had existed some nine months, I was called on to prescribe for the child, who was then suffering with a severe coryza. There was much sneezing, accompanied with a profuse *bland* discharge from the nose, a watery, smarting and *excoriating* discharge from the eyes, with photophobia. A slight cough also existed. The first symptoms of a cold were noticed on the day previous. I prescribed *Euphrasia*³⁰ in water, a teaspoonful every three hours. On the day following the coryza was better; on the fifth day it had entirely subsided, but a profuse, painless diarrhœa set in in the morning, lasted till evening, when, after the *last* stool, the child arose from the vessel saying, "Mamma, my thing's up," and sure enough the prolapsus was cured, and remained so. Somewhat astonished to find that the *Euphrasia* was so effectual in prolapsus ani, because I had never heard of its employment in such a condition, I worked up the symptomatology, and in the *Materia Medica Pura* I found, "Pressure in the region of the anus, when sitting." Now, I submit, if the child could

have expressed herself intelligently, might she not have said, "I can't sit because there is such a pressure about the anus;" for, be it known, the little girl always did recline during the prolapsus, so that the anus would not come in contact with any surface; and may not Euphrasia cure every case of prolapsus ani, *when homœopathically indicated?*

LYCOPODIUM.—Mr. A. A. H., aged twenty-eight years; light-complexioned, nervous, sickly. Since childhood, after scarlatina, has been troubled with a discharge from the right ear and partial deafness. The discharge is bright yellow, thick and very offensive, and causes a soreness of the meatus. Has tried homœopathic treatment (his mother is a homœopathic practitioner) and so-called regular treatment, and during the last six months took about twenty quart bottles of a quack nostrum. On March 29th, 1876, I was sent for in haste. I found Mr. H. greatly prostrated, with some sore throat and several patches on the right tonsil. He complained more of the prostration and aching in all his bones. That morning he had proceeded to his place of business, feeling about as well as usual; but at 9 A. M. began to feel chilly and weak, the chilliness not relieved by heat of stove. At noon he went home and to bed, and as he grew steadily worse, I was sent for at 4 P. M. Externally there was not much soreness, though the glands of the neck were somewhat swollen. The tongue was coated yellow, more at base; taste brassy; odor from mouth the same. Prescribed, *Merc. iod.*, 3d *trituration*, one powder, dry, every four hours. March 30th (second day), no improvement. The diphtheritic patches on the right tonsil had coalesced, and several patches were visible on the left tonsil. Continued same remedy. March 31st (third day), in A. M., patient about the same, but had passed a bad night. Gave *placebo* till 5 P. M., when I saw him again. Prostration, loss of appetite, aching in back and legs; pain in throat and ears was very much worse, and the whole throat and fauces covered with a thick membrane of a dirty-yellow color; breath exceedingly offensive; cannot swallow anything warm, but cold drinks relieve somewhat. Lycopodium suggested itself to me, and on learning from his wife that he had passed a bad night because he could not breathe through the nose, and that he had been getting worse during the last hour, my choice was fixed, and I gave *Lycopodium*²⁰⁰ in water, a teaspoonful at once, one at 8 P. M., another in the night, if necessary. April 1st (fourth day), at 9 A. M., found my patient sitting up. He had slept nicely and quietly from 10 o'clock the evening

previous until 6 A. M., when he awoke, feeling like a new man. *The membrane was becoming detached from the left tonsil.* Gave placebo. April 2d (fifth day), feels much better, though had a little more trouble with throat when swallowing yesterday toward evening. Since rising, had hawked up large pieces of membrane, and an examination showed *left* tonsil entirely clean. Gave placebo. April 3d (sixth day), no change, and gave placebo. April 4th (seventh day), not so well; membrane again forming on *left* tonsil. At 4 P. M. gave one dry dose of *Lycopodium*^{100 000}. April 5th (eighth day), much better; left tonsil again clean, and a considerable portion of membrane of right side gone. April 6th (ninth day), throat entirely clean. April 10th (thirteenth day), resumed business. April 14th, complains of slight soreness in throat. Gave another dry dose of *Lycopodium*^{100 000}. On May 3d paid my patient a social visit, when I was pleased to hear him say, "Doctor, you have not only cured me of diphtheria, but of this running from my ear." Three months later the otorrhœa had not returned.

LILIUM TIGRINUM.—Mrs. E. J., aged 31 years, light-complexioned, nervous, easily affected by potentized drugs. Has suffered for some twelve years with pruritus vulvæ. On mucous surface between the labia majora and minora are dry, mealy spots, about the size of lentils, causing intolerable itching; patient is often awakened at night to find herself scratching these spots, and states she feels like tearing away the flesh, the itching seems to be so deep in; is generally worse just after the catamenia. She also complains at times of a watery discharge from the left nostril, coming away a drop at a time and looking like clear water. An examination shows a spot on the septum of the left nostril similar to the eruption on the vulva. Patient was under my treatment some two years, receiving without benefit the following remedies: *Sepia*, *Mercurius*, *Rhus tox.*, *Psorinum*, *Carbo veg.*, *Natr. mur.*, *Causticum*, the latter medicine, on March 30th, 1876. On May 9th, 1876, my patient said she must have falling of the womb, as it seemed to her as if everything would come out of her privates. She had a great desire to place the hand on the vulva to keep the parts up; the pressure of the hand gave relief. On examination I found a partial prolapsus of the uterus. Gave a dose of *Lilium tigr.*³⁰, which afforded relief within a few hours. The next day the uterus was found to be normally situated; on the fourth day the nasal discharge had ceased, and on the seventh day the pruritus was cured.

BELLADONNA.—Helen S., aged fifteen years, light-complexioned, plethoric. Has had nasal catarrh since December, 1874, the discharge being thick, yellow and profuse, and attended with considerable dropping from posterior nares, worse after rising; has offensive breath; eyes are agglutinated every morning, and feel as if sand was in them in the evening. I had prescribed *Pulsatilla* (which relieved only the eye symptoms), *Hydrastis*, *Alumina*, *Kali bich.* and *Calc. carb.* Each medicine was fairly tried, low and high. She was under *Calc. carb.* for six weeks, having taken the last dose two weeks prior to May 15th, 1876, when I was sent for to find her attacked with measles, then prevalent in Philadelphia. The symptoms were as follows: abundant eruption of irregular patches all over face and body, scarlet-red in color; headache; eyes much injected and watery; earache; sore throat, worse when swallowing liquids; loose cough; increase of fever, with drowsiness every afternoon; restless, yet drowsy, after midnight; awakens startled; can bear neither noise nor light. Prescribed *Belladonna*³ in water, a teaspoonful every three hours. All the symptoms were improved next day, and *Sac. lac.* given till well. In about a fortnight the chronic nasal catarrh, which up to the time of the eruptive disease had existed as at first, ceased and remains cured. It is well to observe that the *Belladonna* was planted in a lime soil.

THE PROPAGATION OF THE RACE.

BY J. T. ATLEY, M.D., ST. PAUL, MINN.

(Read before the Homœopathic Medical Society of Pennsylvania.)

I TAKE this opportunity of submitting to you some thoughts on a subject comparatively fresh, yet one which I regard as of the greatest importance not only to the medical profession, but even more to the whole human race.

Allow me, then, in offering you a few thoughts, to go back of the parturient process, back of pregnancy, back of conception, and speak for a few moments of some considerations which should receive the most careful attention of every man and woman before they are mated for child-begetting and child-bearing.

My paper is brief and the more imperfect through hasty preparation, but I trust it will be at least suggestive, and assist in giving the subject that prominence it rightly should have.

Child-bearing seems in the minds of the great mass of humanity, to be one of those half-important incidents which luck or providence will take care of when it occurs. By some it is considered one of those periods of trouble and inconvenience which is to be looked forward to and borne with as much patience and resignation as may be; by others as one of the probable concomitants of the married state, to be accepted when it can be no longer delayed, or to be even welcomed only because it may bring more joy than trouble. So far as there is any high aim, or responsibility concerning it, before the fact, it seems almost to be left out of the question.

I do not mean by this, unduly to impugn the moral character of the race. There is in most men and women, as in most of the animal creation, a natural love of progeny, and even many foolish slaves to fashion, who seem to undervalue it, would be most unhappy if they thought it beyond the bounds of possibility.

But how many even for once think of child-bearing, not as something to be *accepted*, but as something to be *planned for*? How many think of progeny as persons whose physical and mental and moral characteristics, in begetting and in conceiving, they are responsible for, and the conditions of whose future, Providence has placed in their own keeping? How many men or women in contemplating the married state, have this as one of the prominent objects to be attained, viz., children whose endowments shall be so high as to honor the parents, honor the race, and honor God, who has conferred such possibilities upon them? I venture nothing in saying there is no secular question affecting the well-being of mankind so neglected, and which the profession ought more strongly to urge upon the whole community, than their duties and responsibilities in this important direction.

Men have long ago waked to the propriety and advantage of careful cultivation and development in the animal kingdom. A vast deal of time and money are expended in bringing to perfection various desirable qualities of the horse, such as form, speed, endurance, spirit, etc. Cattle, and sheep, and hogs, and dogs, and chickens, and pigeons, and the yet lower orders, are in a few generations brought to a wonderful degree of perfection, so that the homely and clumsy and stupid ancestor would not be able to recognize his glossy and supple and intelligent descendant. Shall man's wisdom be used to benefit the world by thus raising in the scale the lower order of creation, and men and women, the most intelligent

of animals, mock at the law by which this education and development is accomplished, and so themselves not only fail to attain the advancement open before them, but rather each succeeding generation lose the better qualities of their ancestors? If the animal creation were mated and bred according to the customs and usages of civilized man, the era would soon arrive when those which are now "things of beauty" and of the noblest service, would be uncomely and unfitted for their higher uses.

So when the question of fancy, of naked sentiment, of wealth, of family, of position, of convenience, of superficial accomplishments, of prospective advantage, are allowed to be the controlling influence which mate men and women, might it not be expected we should see, just what we are seeing, that in our own country the predominant race, instead of advancing is deteriorating; instead of making upward progress to something every way higher and better, is actually descending in the scale, losing intellect, losing physique, and, greatest loss of all, losing high moral purposes and aims?

This subject must become one of vast national interest to our best thinkers of America. It needs no statistics to prove that what is really the best American stock is through physical and moral causes rapidly passing away. Largely, by reason of the influences herein mentioned, our people are steadily yielding the sceptre of power to those of other nationalities less influenced by them. How long or how rapidly this is to continue we have yet to see.

It will probably be asked, what is the remedy? Can anything practicable meet the acknowledged evil? Can you sacrifice fancy, taste, sentiment, congeniality? Can you take away æsthetic considerations, and cause men and women to be mated on stock principles? These questions might be answered both yes and no. Ordinarily, none of the above considerations should be put aside or unduly pondered. Each has a proper place in the marriage relation; but for the most part these, even so far as they affect domestic enjoyment, are of minor importance, and certainly so far as they affect the descendants and the race, they are least of the considerations on which the family should be constructed.

Even the highest domestic enjoyments and comforts mainly depend and are mainly promoted by a wise judgment, which selects those qualities in the marriage relation which will give to the descendants, morally, mentally, and physically, that constitution which will fit them for their

highest uses. Domestic happiness does not come where *it* only is planned for. Like other varieties it is coy and shy, and always eludes those who pursue it for itself. Plan for the household with the noblest aims and highest purposes, and the recompensing Providence will make it the most pleasurable and enjoyable. In a relation so fraught with immense interests to all the increasing line of descendants, so sure to bear good or ill to all the future race, nothing but the most deliberate plans, nothing but the broadest judgment, no action but that which considers all the probable outcome of the relations thus made should be allowed to influence the sexes in making their selection.

The shallow and senseless dissertations on courtship and marriage, given in the current literature of the day, and indeed in almost all the literature upon this subject, is so enervating and demoralizing as to demand an earnest protest from every well-wisher of humanity.

Educated mainly by novel-reading, the great mass of the young plunge thoughtlessly and recklessly into the married state, seeming to regard it as some blissful temple into which they cannot hasten too fast; casting not a thought at that which is almost inevitably before them, and must be the predominating influence of their whole lives, viz., the bearing of children for good or ill, as they have bargained for. It is because of this inconsiderate action from false standards that so many homes fail, so many hopes are blighted, so many lives wrecked. Especially in our own country is this one of the crying evils of the day, and the bitter fruits are becoming more and more apparent with each succeeding generation.

In insane and drunkards' asylums, in hospitals, in reform schools, in children's aid societies, in prisons, on the streets, everywhere, the results of this monster evil stare the whole community in the face. In the thousands of cases which daily come under your professional observation, where feeble stricken humanity is struggling with positive temperaments, with mental disorders, with nervous uncontrollability in its myriad forms, if you carefully analyze the cases, you will find them, in great measure, so many earnest, and vigorous and desperate protests against ill-mated humanity.

In England, on the Continent, and in most of the older countries of the world, sons and daughters are often virtually mated by the parents, without so much as consulting the candidates themselves as to their wishes and preferences. Whilst there are strong objections to this arbitrary use of

others' rights in questions so important to their welfare, it is safe to assert that, as to its influence upon the race, the European custom may be attended by far less evils and be preferable to the other excess which prevails in our own country. It must be admitted that with us the custom is wellnigh the reverse of that above mentioned. In a majority of cases the American parent is entirely ignorant of the alliance to be made until attachments are so far formed that the union only awaits the sanction of law; and in innumerable instances Young America simply announces the fact in such terms and manner as to indicate that in so small a matter as this, parental advice or sanction is entirely superfluous.

As between parents unconsulted and children unconsulted, we should expect more wisdom and better consequences to attend the latter than the former. Both these customs are, however, excessively evil, and for the one prevalent with us the remedy should be urgently sought.

With us, sons and daughters are not alone and not chiefly in fault. Parents must in large measure blame themselves, and they who are the professed educators of the rising generation. The young generally mate according to their best ideal. This, with some, is a comfortable home; with others, luxurious surroundings; with others, position in society; with others, animal gratification. If, as seems undoubtedly true, these and other like are the best ideals of the masses, then their superiors and instructors are terribly at fault. The highest idea of marriage, that which looks beyond sentimentalism and present gain, to ulterior uses and universal benefits, is so far a matter of education as to leave the weight of responsibility on those whose observation, and experience, and influence, and position, qualify them and give them the right, and make it their duty to count this as one of the most important elements in the education of all the young.

From neither Harvard, nor Yale, nor Princeton, nor Vas-sar, nor any of our colleges or seminaries, should a class or a youth be allowed to go forth until they have this subject (and one which I shall soon mention) so fully and so forcibly set before them that it shall ever impress them and be one of the ruling motives in their future lives. Let each one of them be imbued with this solemn truth, that, as a rule, no matter what position they may attain, no matter what power they may live to exert, their influence in the world will be felt more by the children they beget or bear, than by the best moral and intellectual achievements they will be able to

accomplish. Inasmuch, then, as this is to be their inevitable future, let them be taught to plan and select with reference to it. Let them know how high a thing it is to rate at their proper worth the lower motives which so widely prevail, and to study the more carefully those basic principles on which rest the best and most permanent interests of our own and future generations. Let them get above the unworthy question, What will my immediate comforts and enjoyments be? and rather ask this larger one, Will the beings I beget or bear, they who are compelled into the world by me, will they realize that matchless figure of the Hebrew poet, and be "olive plants round about my table," or in constitution and temperament be such as to be a burden to themselves and an evil to the race, to be multiplied indefinitely through all future generations?

Let it be remembered here that I do not speak of sexual selection with reference to the physical any more than to the moral and intellectual. The qualities of the mind and morals are even more important than those of the body. What we want is such an adaptation of each to the other, such a combination of various qualities, as that weaknesses and deficiencies in one shall be met by even abnormally developed qualities in the other. The evil is not only general degeneration, but an almost universal unbalancing of the triple forces and powers.

A man may be six feet high, two feet wide, and twelve inches thick; he may have a physical constitution positively provoking to the more degenerate part of the race, yet uncombined with something better, he may be simply a specimen of the animal creation, not worth propagating to the second generation.

A woman may have the most brilliant mental endowments, she may display the most surprising intellectual gifts, she may be capable of the highest culture the masters can reach, yet with so little physical and moral development as to be a nuisance to the commonwealth, and the race feel relieved if she dies without procreation.

So also some may have the highest of inheritance; such spiritual and moral temperaments as seem to lift them above the common lot and make them appear to walk like angels in the lower world, yet if there is not a properly apportioned physical and intellectual force, they are little better than non-entities in their power and influence on the mass of humanity. Now the problem is not how to kill off these prodigies of

health, of mental activity, of spiritual endowment, but how by a wise adaptation to make each of them of immense value in the great and crying necessities of the race. This does not so much need scientific investigation as to physiology and the temperaments, as it does common sense, and common observation and common conscience, honestly applied for the removal of existing evils.

No one having the above qualities need be told that an intellect strong in a given direction, with certain physical deficiencies, would wrong itself and all concerned by being allied to one of like constitution; whilst the same person, mated to one with different intellect and proper physical constitution, or even different physical deficiencies, might give to their generation the very qualities most needed. So of all the various combinations of which there is no present occasion to speak.

I cannot close this subject without referring for a moment to one so closely allied to it as really to form a complementary part. I mean that solitary vice of the young of both sexes which is constantly making such terrible inroad on the physical and mental and moral stamina of race. Dark and deadly as is the crime of prostitution, shameful as are the influences of the brothel and retreats of like character, there is no question but that to our physical manhood the evils of these are small compared to the sweeping destruction of this solitary vice. It pervades all classes and ranks of society; it ensconces itself in the lofty and cultured and Christian home as well as in those of lower degree, and the most painful phase of the subject is, that its victims are largely innocent of its power to harm until bodies, minds and morals are so injured by it that there is no complete restoration for them.

A prominent educator of the last generation, having a hundred boys from all parts of the world under his care, was so watchful and scrutinizing as to their habits and practices as repeatedly during each term to get a text from which to give them the plainest of talks, using their own terms, and picturing to them in their true colors the terrible physical evils and moral debasements which flow from such excesses. His courage and faithfulness were magnificent; the generation he educated will bless his memory, and years since he has heard the message, "Well done, good and faithful servant." So ought every parent either directly or indirectly; above all things, so ought every man and woman who assumes the charge of educating either sex. They can better afford to let

their pupils go forth in the world deficient in any other department of education, than to be ignorant in these I have indicated. Yet important as this is, I believe, if you make inquiry through the educational institutions of America, you will find this subject almost entirely ignored.

Ladies and gentlemen, to urge these and kindred thoughts upon the attention of those who are in position to use them, I regard as the highest duty of the medical profession.

It is not so much for us even to relieve present distress, as to point out to all who will give them heed those plain, fundamental, physiological laws and principles, by obeying which, distress may be avoided. If, by using our influence in this direction, we shall help the rising generation to so conserve their forces as to bring them to a worthy manhood and womanhood, and also help the sexes to be so allied as to be truly best for themselves and uplifting to the race, then we shall have assisted humanity up to a scale where it is the better fitted to receive that higher and that perfect gospel which can alone emancipate humanity from all its evils and give to each the stature of *perfect* ones in Christ.

THE PREVENTION AND TREATMENT OF LACERATIONS OF THE FEMALE PERINÆUM.

BY B. F. BETTS, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE object of this paper is to call attention to the mechanism by which the child is expelled from the parturient canal *through the vulvo-vaginal outlet*, and to point out some of the causes which most frequently lead to lacerations of the female perinæum, especially during "first labors," as well as to consider some of the best methods of prevention and treatment.

The attention bestowed upon the mechanism of the *earlier* stages of labor has resulted in a thorough elucidation of that portion of the parturient process which has reference to the passage of the child through the pelvic straits, consequently we treat that stage according to settled principles or rules of action founded upon a knowledge of the normal process.

But so little attention has been paid to the mechanism by which the child is expelled through the *vulvo-vaginal outlet*, that the treatment of this stage is often improperly conducted, and consequently leads to unfavorable results, especially in first labors.

We must know from a careful study of the physiological anatomy of the parts how *nature* accomplishes the process unaided in the most favorable condition of things, to be able to properly supplement her when the conditions are not so favorable and she needs our assistance; for unless the helping hand is intelligently extended, we shall witness results unsatisfactory to all concerned.

The physiological anatomy of the vulvo-vaginal outlet through which the child has to pass will be best understood from the following description: Imagine a broad flat muscle inserted into the osseous margin of the pubic arch, and extending backwards across the floor of the pelvis to become attached to either side of the coccyx, which turns forward at its lower extremity to meet it. This broad muscle is composed of bundles of fibres running antero-posteriorly. In the anterior and middle portion of the muscle these bundles are separated laterally, and a cleft or opening is formed, around which the bundles pass without any interruption in the continuity of their fibres, as they are merely bent out of a straight line to either side to form a double convex shaped aperture. Through this aperture the vaginal walls pass. Over the broad flat muscle, at the floor of the pelvis, we find imposed a layer of connective tissue, intermixed with elastic and muscular fibres, much thicker posteriorly than it is anteriorly, known as the *perineal septum*. The *perineal septum* has the same origin and insertion as the muscle first described, but the aperture through it is smaller and more circular, consequently the first double convex shaped aperture, is in part covered over. The projecting portions form the *vestibule* in front (pierced by the urethra), and the *perineal body* posteriorly. In this layer the vaginal walls terminate and are inserted. This posterior wall, containing the same structural elements in its lower portions as the perinæum, appears to be a prolongation of the perineal body, and gives to it the outlines of a wedge-shaped mass of muscular-elastic and connective tissue, whose base is external, and whose pointed apex is directed wedge-like beside the anterior rectal wall. The aperture through the *perineal septum* being smaller than that through the muscle beneath, appears as a constriction, which is the constricted *vaginal orifice* or outlet, marked in the virgin by the hymen and after its obliteration by the *carunculæ myrtiliformes*.

Over the structures just mentioned we find imposed the *vulva*, a separate and distinct organ, both anatomically and

physiologically, composed of *mons veneris*, *labia minora* and *majora*, *clitoris* and allied structures.

As the *vulvar* orifice is much larger than the *vaginal* orifice, the vestibule is exposed and uncovered when the labia are separated. Thus it will be seen that the canal through the vaginal and vulvar orifices does not pursue a straight line, but is bent in the form of a curve around the arch of the symphysis. This curve is known as the curve of Carus. It has a short radius centred near the centre of the symphysis pubis.

When the expulsive efforts of parturition force the presenting part of the child along the vaginal canal, the vaginal walls are readily distended until the constricted *vaginal orifice* is reached. Here the increased resistance causes some delay. If it is a vertex presentation, the tendency of the forces from above is to direct the vertex against the constricted vaginal orifice, the anterior border of which, forming the vestibule, yields less readily than the posterior, because of its close union with the bony arch of the symphysis.

The more rapid dilatation of the yielding posterior border throws that portion of the foetal head in front of the anterior fontanelle against the *perineal body*, and if the expulsive forces are sufficient the *perinæum* will be pushed forward almost in a line parallel with the longitudinal axis of the woman's body.

Whilst the *perinæum* is being distended the vertex is firmly pressed against the pubic arch, the anterior fontanelle and forehead glide over the posterior wall of the vagina, and the child's head becomes slightly extended.

Of the three diameters of the foetal head, the suboccipito-vertical, averaging $3\frac{1}{2}$ inches, the suboccipito-bregmatic, averaging 4 inches, and the suboccipito-frontal, averaging $4\frac{1}{4}$ inches, the first or shortest diameter gradually dilates the orifice which is least able to withstand either excessive or suddenly applied distending forces, whilst the second and third, being the longest, exert the greatest amount of distending force, and are directed against the strongest and most resistant portions of the *perinæum*.

Inasmuch as the vertex does not remain stationary, but slowly glides from beneath the pubic arch over the vestibule and presents at the vulvar orifice, the extension of the head, which was caused by the forehead describing the arc of a circle much larger than that followed by the point of the vertex, is succeeded by *slight flexion* produced by the vertex

slipping into the *orifice of the vulva* in front of the symphysis, so that the shortest diameter of the head, the suboccipito-vertical, is first embraced by the labiæ, to be followed by the second and third diameters afterwards, in very much the same way as they passed through the vaginal orifice.

This description applies to the normal process by which distension of the perinæum is effected, especially in first labors. When there is no deviation from the normal process we do more harm than good by interference, for pressure upon the perinæum at the early stage of dilatation tends to keep the head from *extending* and the forehead from distending the perinæum, whilst at the late stage pressure is apt to hasten the passage of the head through the vulva before it is sufficiently dilated, thus tending to rupture at the fourchette.

The practice of passing the arm over the thigh of the female to make pressure with the tips of the fingers against the vertex so as to push it away from the symphysis, whilst pressure is made with the other hand upon the perinæum, has resulted in rupturing the perinæum in many instances. It is true that this plan hastens the termination of this stage of labor, as it brings the head through the outlet—wedge-shaped—but no time is allowed for distension of the perinæum by pressure from within, in the direction of the axis of the woman's body, and all the distending force is spent upon the margin of the outlet, which is apt to give way.

When there is an unusual rigidity about the constricted vaginal orifice, and the expulsive force energetic, the forehead may tend to rotate too far outward from too great an extension of the head, and the perineal tissue may give way in the centre, and a central rupture result. In this case the posterior vaginal wall being first torn will admit the forehead, which will burrow its way through the structures of the perinæum, and perhaps convert a central laceration into a complete laceration, one stage of the process following another in such rapid succession as not to be distinguished from each other. The treatment necessary to adopt to prevent a central rupture is to keep the vertex against the symphysis arch and prevent the forehead from rotating too far outward until the *vaginal orifice* is distended.

An advantage is sometimes gained by distending the vaginal orifice in the interval between the pains by means of the fingers inserted between the head and posterior vaginal wall. As soon as the orifice is distended, every facility should be offered the perinæum to distend, consequently we will not

apply the hand to the perinæum, but place the finger tips upon the point of the vertex to retard its rapid progress during the pains, when this mechanism will be that of a lever of the third kind, the fulcrum at one end, the resistance at the other, and the power exerted through the cervical verberæ between the fulcrum and resistance. When the expansive forces are not energetic *enough* to distend the vaginal orifice, we will find that every slight pain brings the head into the orifice, but as it subsides, even slight pressure on the vertex will induce it to slip back into the roomy vaginal canal again. In such cases we may be required to assist nature by the application of the forceps, and as the head is near the outlet the small forceps of Hale will be found to answer our purpose admirably.

In most cases of first labor the vaginal orifice is more or less lacerated without its being suspected by the accoucheur, unless it extends into the perineal tissue. Such a slight laceration may lead to septic infection and should be sought after in every case, but requires no operative procedure.

The vestibule sometimes becomes lacerated and leads to profuse hæmorrhage.

A sudden extension of the limbs when the child's head is in the vulva may lacerate the perinæum, but we will save many a perineal rupture from this cause by administering the correct remedy in time to allay nervous excitement.

Regard for the future comfort, convenience and welfare of the patient requires of us an early approximation of the parts where lacerations have occurred, provided, of course, there is no excessive hæmorrhage or other such cause present to counter-indicate an operation.

The attempt to procure union by means of serresfines, as well as the method of tying the limbs together and keeping the patient on the side until the healing process is completed, has not been sufficiently satisfactory to warrant the slightest recommendation here. Waxed cotton thread and the ordinary sewing needle has been used in some cases where nothing better could be obtained, but is only to be thought of when such a state of affairs exist.

Every obstetrician should be provided with suture needles—curved slightly—saddler's silk and silver wire.

After the delivery of the placenta, and the child is cared for, an explanation to the patient of the nature of the injury sustained will win from her a willingness to have the operation performed without delay in most instances.

If the laceration extends through the perinæum, but not beyond the sphincter ani, it will only be necessary to remove all clots and membranous shreds from the seat of injury by means of a sponge or soft cloth saturated with warm water, and then to direct her to lay upon the left side with the thighs well flexed upon the abdomen, in a favorable position for the light to fall upon the perinæum, which is all that need be exposed or uncovered.

Introduce the index finger of the left hand into the rectum, and using a curved needle threaded at the end with silk tied in a small knot, insert the point *near* the posterior portion of the laceration, about one-fourth of an inch from the torn edge, and remembering that the perineal body when intact is in the form of a solid wedge-shaped piece of wood, with its base toward the operator, and the apex between the rectum and posterior vaginal wall, the needle will be passed deeply along the side of the laceration, then dipped down between the rectum and the laceration, and across to the other side and out again near the margin of the opposite side, corresponding to the point of entrance. Leaving the suture hanging, thread the needle the second time and pass it in a similar manner more anteriorly and higher up toward the point of the wedge we wish to form, and bring it out at a corresponding point on the opposite side.

These two sutures will be concealed in the tissues, the third may be introduced at the upper part of the laceration and pass across from one side to another, and be brought out as the former were, but visible in the centre. To the silk sutures we now attach the wire and pull each wire suture in place, commencing at the lowest, and after twisting them so as to bring the surfaces together, without strangulation, cut them long, as they will be less irritating to the parts externally than though they were cut off short.

After four or five days the sutures can be removed, and by the time our patient is able to sit up after her parturition the perinæum is intact.

When the laceration involves the anterior wall of the rectum and sphincter ani, the first object is to restore the integrity of the sphincter and bowel; consequently we approximate the torn ends of the muscle first by means of sutures, whose short ends turn down and point externally from within the rectum.

The succeeding steps of the operation are the same as in the incomplete laceration already alluded to.

Slight lacerations of the fourchette and fossa navicularis will heal of themselves, and as contraction always takes place from the healing process, no deformity will be apt to result.

Lacerations of the vestibule require no treatment in a majority of cases, except for the hæmorrhage which is apt to occur. This may be controlled by pressure upon the margin of the symphysis.

Lacerations of the vaginal orifice will be felt in some instances as a rent in the posterior wall of the vagina, and require no treatment except to be kept clean, so as not to lead to septicæmia from the absorption of noxious material from above.

DIPHTHERIA AND NEPHRITIS—A STUDY.

BY S. LILIENTHAL, M.D., OF NEW YORK.

(Read before the Homœopathic Medical Society of Pennsylvania.)

DR. CONRAD KUSTER published the following cases in one of our German periodicals:

CASE 1.—Miss S., twenty years old, of strong constitution, was taken down with a light angina. The tonsils were covered with some white spots, but she felt well otherwise. A strong solution of Kali chlor. was ordered as gargarisma and internal medicine. The following morning the doctor was called in haste and found his patient moribund. The family could only report that the evening before there was some vomiting and several stools, and after sleeping well during the night they were awakened in the morning by the heavy breathing of the patient. No post-mortem allowed. A peculiar bluish-white color of the skin was noticed. Not a trace of dropsical manifestations.

CASE 2.—R., a strong, hearty gentleman of about thirty, took sick January, 1876, with a slight angina diphtheritica maculata. The same strong solution of Kali chlor. was prescribed as a gargle and medicine, also lime-water. The tonsils soon became clean, but the patient did not feel well. Examination of the urine proved it to be albuminous, and I found out that for a few days the patient had passed a peculiar black-looking urine. He regained his health only gradually. Even after eighteen months, and though the patient takes great care of himself, the urine still contains traces of albumen, which increases from the least trespass. No fibrinous cylinders were ever detected, nor were there any symptoms of dropsy.

CASE 3.—A hale and hearty child of three years took sick with a slight angina diphtheritica pernotata. Six months before, two of his brothers were down with severe diphtheria and one of them died from diphtheritic croup. The same remedy was given. The following day I was called in haste, as the child had passed black urine and was dying. It showed the same bluish-white color of the skin and the black urine contained some albumen. Vomiting preceded death.

CASE 4.—A hale girl of four years complained of slight angina and the tonsils showed some white coating. The same prescription produced in two days a total cleansing of the tonsils. Suddenly vomiting set in, with malaise, yawning, apathy, bluish-white color of the skin, fluttering rapid pulse, cool skin, and the girl passed during the afternoon perfectly black urine. Prof. Saltkowsky examined the urine, and found it to contain albumen and hæmatin. Gradually she recovered and the urine regained its normal color.

All four cases point strongly to a nephritis, and show great similarity to the state of the kidneys found after poisoning with carbolic acid; but I am not in the habit of using this acid, and, as far as my reading goes, Kali chloricum does not irritate the kidneys; and still as bloody urine is frequently observed in diphtheria, this drug may be considered as a cause.

A similarity with nephritis scarlatinosa may also be thought of: its sudden appearance, the vomiting, the sudden change of color, etc., and we might think of scarlatina sine exanthemata. But we might differentiate that in nephritis scarlatinosa the dropsical symptoms and the albumen in the urine prevail, whereas we had not a trace of dropsy, only moderate albuminuria, but large quantities of blood. We can only consider our cases genuine diphtheria, complicated with a most dangerous renal affection. Such slight throat affections also prove that the deposit is not the only criterion of importance, and that we have to deal with a constitutional ailment. The albuminuria here becomes significant by its chronicity. Hartels describes this state as a chronic interstitial shrinking of the kidneys, and gives as characteristic symptoms: general malaise, urine clear, containing some albumen, rarely dropsy; every dietetic error increases the quantity of albumen.

May not some cases of sudden death in diphtheria be ascribed to such a nephritis foudroyante, and not only to paralysis of the heart?—*Zeitschrift f. pract. Medecin*, 33, 1877.

Allen's *Encyclopedia* (v, 320) hardly mentions bloody or albuminous urine under Kali chloricum. Only one prover,

Dr. Ferris, saw hæmaturia as an effect of a large spoonful taken by accident. Still as urine containing blood always contains a trace of albumen and has a peculiar smoky color, we may conclude that the turbid urine mentioned by several provers, may be caused by the Potassium chlorate, especially as we find among its symptoms: most acute ulcerations and follicular stomatitis; the whole mucous surface was red and tumid, and in the cheeks, lips, etc., were numerous gray-based ulcers; incessant vomiting and finally death; constriction and tightness of the chest; terrible convulsions, followed by death; next day the body had turned slate color; great weariness and desire to sleep after every dose; a subjective feeling of discomfort.

Oehme (*Therapeutics of Diphtheria*) mentions only one case of diphtheria treated with Kali chloricum, without noticing it any farther. Still if Dr. Kuster would have studied a homœopathic *Materia Medica*, he would have seen a fac simile to his cases; although it can hardly be considered the remedy for such severe affections.

Jahr in his *Symptomen Codex* mentions for *urine mixed with blood*, Ipecac, Plumbum acet., Sabad, Squil., Ambra gris. and Merc. sol. Among the diphtheritic remedies of some reputation the mercurials always held their own, especially the cyanate and corrosivus. According to Villers, the former is indicated where exudation is present. The accompanying fever has the adynamic character and the *collapse shows itself in the commencement of the disease* (30th dilution). Paralysis and other after diseases have not been observed after the use of this drug. Dr. Moor d'Alost (*N. A. J. of H.*, August, 1869) shows that it causes albuminuria, though not bloody urine, and that it may cause sudden death by the complete cessation of the motions of the heart and respiratory organs. Among its symptoms we read: general malaise and fainting; cool extremities with cyanosis; the face is pale, somewhat blue and out of shape; epistaxis; the mucous membrane of the mouth covered with a white membrane; on the fauces and tonsils a grayish white membrane; also a round ulcer on a gray base; difficult deglutition; nausea and vomiting; chemical examination of the urine reveals albuminuria.

Dittrich considers the *Merc. cor.* the right drug when the diphtheritic exudate covers the entire fauces and extends into the nose, from which a profuse discharge flows. The Corrosive mercury always enjoyed a great reputation in nephritis desquamativa. Among its symptoms we find hæmaturia

(Richter, Suadelin), putrefaction of the mouth ; disgusting mercurial fœtor from the mouth ; *suppression of the secretion of urine*. Wood (*M. M.* 375) remarks that in the case of poisoning with it, collapse occurs in an hour or two, with small, frequent, irregular pulse, pinched anxious face, cold extremities and finally death, preceded, it may be, by fainting, convulsions and coma. The urine is very much lessened in quantity, is sometimes albuminous or even bloody, and not rarely is suppressed. When recovery occurs after severe poisoning, the convalescence is slow and protracted.

Mercurius bijodatus gives us thick and dark urine when passing, even red urine ; sore throat ; tonsils swollen ; fauces dark red ; diphtheritic patches ; submaxillary glands painfully engorged ; superficial ulcers in the throat, in patches ; nausea and vomiting ; sinking in the epigastrium with general malaise ; livid, purple patches in the larynx, with thin, offensive discharge.

Overbeck and Saikowsky proved that after the use of mercurials the hydrargyrum circulates in the blood as albuminate of mercury, and they were not disappointed when they found that chronic mercurialism may produce diabetes and albuminuria. Very frequently the urine of the animals experimented with contained leucin and xantoglobulin.

Though *Plumbum* may not be the remedy for a nephritis foudroyante, still we do well to think of this metal in those protracted cases of reconvalence from a diphtheritic attack. According to Hughes (*Pharmacodynamics*, 643) lead poisoning causes the small and granular kidney, and it is well known that the contracted kidney constitutes the most serious form of Bright's disease. During life albuminuria is an evidence of the mischief set up, and it has been thought that the saturnine epilepsy may sometimes be due to it. Hering (*Condensed Materia Medica*, 681) finds it indicated where the tonsils are inflamed and covered with small, painful abscesses ; for diphtheria with tendency to sloughing, tough mucus in fauces and posterior nares ; for diabetes, necrotic cystitis, and contracted kidney ; for emaciation and dropsical swellings.

Dr. Kuster mentions that his four cases point strongly to nephritis as the cause of the trouble, and that they show great similarity to the state of the kidneys found after poisoning with *Carbolic Acid*. Dr. Bell (*Braithwaite*, July, 1877) remarks that even externally applied, it may act too severely as a depressing agent, and when absorbed it makes its presence known in the urine by giving the fluid a dark smoky appear-

ance. Hausmann states that it may produce, occasionally, albuminuria and hæmaturia, but the characteristic phenomena of Carbolic acid poisoning are clonic convulsions, sinking of the temperature, diminution of sensibility, dyspnœa, free salivation and secretion of tears, keratitis and conjunctivitis (*Schmidt's Jahrb.*, vol. 155, p. 274). Neumann and Breuckmuller found fatty degeneration of the kidneys and liver in their autopsies, and Reudor found the renal epithelium degenerated in a man who had been fatally poisoned by the drug; still Hausmann has proven that the black coloring matter found in such urine, is in all probability an educt from Carbolic acid, and not altered hæmatin, by finding that this urine is cleared up by heating after the addition of an acid, and Stevenson, of Guy's Hospital, found that this black urine does not contain more than the normal proportion of iron (*Wood's Materia Medica*, 594). Hughes (*Pharmacodynamics*, 24) writes that the most marked symptoms of poisoning by this acid are those of the nervous centres, which are congested and prostrated so that coma and paralysis result. According to Oehme, Carbolic acid is, with some physicians, a favorite drug in diphtheria, and it seems the stronger indicated the less the throat is affected. Indications for its use are, great languor, weakness, great prostration, general soreness, drowsiness, chilliness, cold perspiration, dizziness, headache, especially in the forehead or through the temples as if from a tight band around the forehead, affections of the mucous membrane of the nose, pale face, loss of appetite, nausea, weak pulse, etc.

Really Carbolic acid seems to be the very similitum to such cases of diphtheria where the local symptoms are slight, but where the disease is lodged with full force from the very beginning in the nervous centres. How near Dr. Kuster was to the truth!

Just on the contrary, Terebinthina, in spite of its wealth of urinary symptoms, fails to be even a mere simile to the diseased state in question. It is true that it may be indicated in some cases of Bright's disease, as it has scanty secretion of urine, dark, sometimes bloody urine, coagulated by heat and Nitric acid. The urine shows under the microscope cylindrical coagula, renal elements, etc., large renal anasarca, anorexia, copious mucous expectoration, sallow, suffering, sunken physiognomy. The great anasarca and the hæmaturia are the keynotes for Turpentine; but in our cases both were slight or entirely absent; it is even a question whether the black urine was also bloody urine, and Terebinthina gives us no throat symptoms.

Buchner (*Morbus Brightii*, 78) remarks that in *recent* cases of Bright's disease *Belladonna* and *Atropia* may be indicated for the congestive state of the kidneys; and the same may be said of the angina where *Belladonna* is in its place only in the beginning of the disease, when there is very severe inflammation, or in very mild cases. We agree with Dr. Kuster that this drug will exert very little influence upon the course of a true diphtheritis. It is also more than doubtful whether the dark, bloody urine of one prover came from the kidneys, and it is more than probable that the increased mucus and blood found in the urine were vesical.

Apis mel. apparently holds out more promise, for cases of sudden death are on record from the action of a bee sting. Many of our authorities consider *Apis* one of our best remedies in diphtheria, and Guernsey (*Obstetrics*, 945), finds it indicated where great debility characterizes the case even from the onset, with absence of thirst, scantiness of urine, the membrane has a dirty gray color, the pulse is very quick, puffiness about the eyes, an eruption appears upon the skin, which itches and stings. But in its urinary symptoms we fail to see any indication for nephritis; they rather point to an irritable bladder. Almost incessant desire to urinate is the complaint of many provers, and the urine is mostly pale-yellow with brickdust sediment. Neither do we find the discoloration of the body characteristic of the cases of Dr. Kuster; for in *Apis* the change of color takes place only in the face. All dropsical symptoms so prominent in *Apis* are also wanting, hence *Apis* must be excluded, as it is not even a simile to the totality of the symptoms. *Apis* corresponds far more to nephritis and angina scarlatinosa than to true diphtheria.

Its congener, *Lachesis*, stands a better chance, for here the general symptoms prevail over the local symptoms. The prostration may be violent, the pulse slow, weak and small, the perspiration cold and clammy, though the local symptoms are slight, or the subjective symptoms may be far more prominent than the objective ones; hence the difficult deglutition, the dislike to have the throat touched or examined. But here also the urinary symptoms fail to correspond to our cases, and although there may be red sediment in the urine, it is never very turbid (Allen). Still Hering mentions almost black, foamy, frequent urine, and stitches from kidneys through the ureters. And inasmuch as we find under *Lachesis* also dark-bluish swelling of cellular tissue, paralysis and numbness, we

may consider this poison a simile deserving our full consideration in similar cases.

According to Trinks and Oehme *Phosphorus* deserves our consideration in the treatment of diphtheritis, where the adynamic character shows itself early, the strength fails rapidly and paralysis of the heart threatens. Here Buchner (*Morbus Brightii*, 66) comes to our aid. Venous stagnation, with or without disturbance of the lesser circulation, is its keynote, and according to Sorge, Phosphor-urine contains large quantities of epithelia, pus and mucus corpuscles, frequently albumen, in some cases exudation-cylinders and even blood-corpuscles. When indicated in nephritis diphtheritica, it will be more so in cases running a rather tedious course, and where the depurating and strengthening influence of Phosphorus will carry the patient safely through the dangers which surround him.

A remedy highly praised in diphtheria and giving us also many symptoms of *Morbus Brightii*, is *Phytolacca*. Oehme gives us the following symptoms: chills usher in the disease, appearing irregularly the first day; violent pain in the front or back part of the head, in the back or limbs; great prostration, with fainting or vertigo when rising, preventing the patient from sitting up; loss of appetite; high fever, delirium; tonsils, soft; palate and fauces highly inflamed, very much swollen, sore and sensitive; deglutition almost impossible; choking sensation; dyspnœa; the exudate mostly of a grayish color. But we read also in Hering's *Materia Medica*, i, 449: weakness, pain and soreness in the region of the kidneys; albuminuria; pain in the region of the bladder; dark red urine, which stains the vessel and is hard to get off; urine excessive in quantity, decidedly albuminous, with greatly increased specific gravity; urine red and muddy; urine the color of coffee. We can only agree with Hughes in so far that *Phytolacca* is insufficient in those forms of malignant diphtheria where the poison throws itself with full force on the organs of deglutition and respiration, but we consider it a remedy well worthy our consideration, where the local affection bears no comparison to the life-threatening symptoms in their totality; in fact, where the morbid influence of the disease strikes primarily with full force the cerebro-spinal system.

Dr. Kuster calls his two fatal cases "*nephritis foudroyante*," a nephritis where the patient is struck down as if by lightning, and we see in the cases which slowly recovered, a deep affection of the nervous system as the primary affection, localizing

itself secondarily on the throat, kidneys, skin; in fact the poison, be it fungoid or not, may attack any part of the body. We may well ask, what is Bright's disease? In a late number of the *North American* we published two cases, one arising from another zymotic disease—a typhoid fever, and the second from pure nervous exhaustion. The death of our lamented Dunham was hastened by a final morbus Brightii, secondary to a malignant diphtheria. *Asthenia is the great characteristic of diphtheria from the very start, and the same holds good of Bright's disease.* If we are able to overcome this asthenia our patients may be saved, though the local symptoms look ever so threatening; and it is astonishing how often we meet cases of diphtheria where the child, or even adults, make no complaint of their throat, and the disease may, therefore, be overlooked. Here I would beg leave to draw the attention of my readers to the dietetic treatment of either disease. Dr. Francis Sibson (*British Retrospect*, July, 1877) truly remarks that "in considering the treatment of Bright's disease, we must keep steadily in view the getting rid or lessening of the poison actually in the blood, the not adding to the blood fresh poison, either of the kind already there or of a similar narcotic quality, and the stirring up of the powers of life, so that they may better resist, override and live above the poison that is there." He considers soft water (soda-water, the gas being previously stirred out with a spoon) the best means to make the kidneys perform their function. He decidedly opposes giving such patients beef-tea or the essence of meat or soups; milk, abundantly supplied, is a perfectly innocuous food, that supplies every part of the body with its needed materials of repair; that has already built up and formed every one of us in infant life; that promotes the action of the kidneys and so tends to expel the poison from the blood, and that may be gratefully mixed with soda-water, or Apollinaris, or Lithia, or other waters, with the effect of enhancing the purifying power of the kidneys, and so washing out the poison. Milk, two or three pints daily, may be given in any form that is agreeable to the patient.

The same milk treatment is also far preferable in diphtheria to any meat diet. In fact, the sequelæ of diphtheria, mutatis mutandis, are the same as we find them in any zymotic disease. Authors even go so far as to deny any great difference between angina diphtheritica exscarlatina and true diphtheria. Dr. Culbertson (*Ohio Medical Reporter*, Dec., 1876) acknowledges

that diphtheria and erysipelas may possibly be identical in nature; at any rate they are similar diseased states.

Wagner (*Ziemssen*, 7, 174 g. e.) says the same, when he remarks that true diphtheria is rarely a primary disease in perfectly healthy persons, and that it follows, as a secondary disease, most acute exanthemata (scarlatina, variola, measles), other acute infectious diseases (typhus, cholera, pyæmia, puerperal fever), and different other chronic diseases (tuberculosis). On page 184, the same author remarks that complications, as diseases of the kidneys, more rarely pneumonia, are often observed in cases of apparent benign character, light cases as they are called (the same remark holds good of nephritis scarlatinosa), and paralysis as a sequel is often observed. During the diphtheria micturition is scanty and the urine dark, and the chlorides (similar to pneumonia) diminished. In about a third of the cases albuminuria was observed, increasing in quantity in proportion to the severity of the case, with hyperæmia, enlargement and diminished consistency of the kidney; microscopically with fatty dulness of the renal epithelium.

According to Senator (*Volkmann's Klin. Vortraege*, No. 78, p. 591), we find also in diphtheria (*Cynanche contagiosa*), as well as in all other infectious diseases, a latent stage or stage of incubation, lasting usually from two to seven days, although it may protract itself to three and four weeks. He also remarks, that whereas in epidemic diphtheria cases of malignancy appear in some patients, many escape with the symptoms of a simple angina, thus showing that, whereas perfectly healthy persons escape the disease, or suffer only from a catarrhal affection, others succumb, because a dyscrasia whatever it may be, is roused by the poison, and such persons are unable to throw off the accumulation of poisonous matter. In regard to the albuminuria in diphtheritis he remarks, in many cases albumen is found in the urine, mostly ephemeral, lasting only one or two weeks. Such an albuminuria may be an accompaniment of the febrile state without any important renal affection and pass off with the fever. Here the urine contains only small quantities of albumen and no morphotic elements whatever. In other cases we meet a parenchymatous nephritis, a swelling and fatty degeneration of the renal epithelium, just as we find it in other infectious diseases or cases of poisoning. Here the albumen in the urine may be trifling or entirely absent. In consequence of the localization of the cynanche in the respiratory organs, and the consequent dyspnœa, venous

stagnation sets in, causing albumen to appear in the urine. The scarlatinous process, with its angina, may cause a diffuse nephritis, and we find with albumen, blood and lymph-corpuscles in the urine, with renal epithelia. *Only the albuminuria from venous stagnation and after scarlatina is accompanied by dropsical symptoms, whereas hydrops is hardly ever observed in the first two divisions.*

As another valuable differential symptom between angina scarlatinosa and diphtheria, he mentions that in scarlatina exactly the same anatomical changes of the fauces are found as in cynanche contagiosa (as Senator calls true diphtheria), the same catarrh, loosening and discharge of epithelial detritus, diphtheritic inflammation and gangrene; and still in scarlatina the respiratory organs become hardly ever affected, whereas just the contrary takes place in diphtheria. Diphtheritic croup is no rarity, as we all know to our sorrow.

Senator closes his valuable monograph with the remark that we are unable to prevent cases of sudden death from *fatty degeneration of the heart or from paralysis of the nerve-centres*. We may try excitantia and stimulants, subcutaneous injections of Ether or Camphor, or anything else; it may ease our conscience and satisfy the relatives, but death will surely end such a scene.

How clearly pathology here comes to our aid in differentiating the remedies suitable to such cases, and individualization becomes more easy the more we understand the individuality of our patient and the individuality of the diseased state before us. Not one case of Bright's disease is like another, not one case of paralysis like another (for does not the paralysis of diphtheria individualize itself by its steady beginning in the fauces, by its irregular radiation, and by its attacking the branches of a nerve and leaving its trunk nearly intact?). How different the palsy of *Plumbum* from that of *Causticum* or of *Hellebore* from that of *Rhus* or of *Cienta*, the albuminuria of *Apis* with its dropsical symptoms, or that from venous stagnation suitable to *Phosphorus*, from the morbus Brightii which may still be relieved by Carbolic acid, especially where the affection attacked with full force the nerve-centres and thus prevented the circulation of healthy life-giving blood.

To heal our patients and to restore to them the full benefit of a good constitution is certainly the duty of every honest physician. Let us neglect nothing which may aid us in the selection of the similitum for every case. Homœopathy will be the gainer the more its disciples understand to well differen-

tiate between one remedy and another by their pathogenetic symptoms. Pathology teaches us the pathogenetic differences produced by morbid causes on our bodies, and homœopathy teaches us the pathogenetic differences of our drugs. A close study of both will surely accomplish a cure, *cito, tuto et jucunde*, whenever a cure is possible.

THERAPEUTIC SURGERY.

BY WILLIAM JEFFERSON GUERNSEY, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

Therapeutic Surgery is not a thing of the past, as many of our *professed* homœopaths are striving to render it. For not only are true Hahnemannians becoming more confident of their position, but their number is rapidly increasing from among the close students and faithful investigators in the profession.

Simultaneously the eclectic daily increases his doses, dealing them out in cruder forms and in a more bungling manner.

Each class has its influence with the new student, and he who is negligent in studying, and correspondingly careless in his prescriptions, will soon fall into the easy method—if method it is—of dealing out promiscuously doses at once non-homœopathic and nonsensical.

Omitting all branches of surgery which absolutely require manipulation in some form, viz., fractures, dislocations and the like, I do not, even then, wish to be thought an advocate of the abandonment of other operative surgery. I now refer to those diseases which are curable by long-continued internal medication, but occurring with persons who are not inclined to wait for such treatment, or where the speedy application of the knife may save the sufferer months of pain, providing we are consistent in adopting such a course.

I wish to speak solely of those cases where, as true followers of Hahnemann, we have *no right to render any surgical interference whatever*. Diseases of this class are numerous. The following enumeration, although brief, may suffice. It embraces any diseased or morbid condition of the mucous membranes; catarrhal troubles, in which the douche, the atomizer, and all astringent washes should be totally ignored; ophthalmia, which, above all other diseases, is maltreated, to the sorrow of its owner and the disgrace of the profession; a legionary variety of skin diseases, which attract the practi-

tioner's immediate attention, and at which he levels his medical rifle, determined to cause its instantaneous disappearance, regardless of the unfortunate patient. Let me here make the assertion still bolder by including syphilis and gonorrhœa, with all their terrible complications. Here the eclectic finds an especial joy in a topical treatment with a remedy at once suggestive to the profligate of what Robert Burns has chosen to call his *lang hame*, the cautery. *I burn.*

Adjuvants, in the form of rest, proper diet and the like, are to be desired when attainable. But applications of whatever variety, although considered as indispensable by the other school and those of our own who are favoring the consolidation of both schools, are not only corrupting our faith in the proper remedial cure and detrimental to the total restoration of health, but are absolutely injurious to the patient under treatment; rendering a disease for the time being under subordination, but latent in power, and hence liable at some future date to crop out in a form perhaps tenfold more hideous than the original. I do not wish to abandon *in toto* the application of poultices, as I believe them to be, in some instances, a valuable auxiliary, although not an indispensable one. They are too much relied upon to the exclusion of a proper medication, which should always have the supremacy.

Allowing, then, the prudent use of a poultice, which is but the combination of heat and moisture, and the simple application of a wet (either hot or cold) cloth to the offending member, or the same saturated with Arnica tincture, in the case of contusion (this being a truly local disease), I think that my position is clearly defined.

My reference to ophthalmia was suggested by the fact that one-half of our practitioners are to-day employing "eye washes" of some description. I will not accuse them of total neglect in medication, for a majority of them use some internal preparation in conjunction with the application. But let me ask them whether in their studies they have ever stumbled over a book called the *Organon*. (In article § 194) Hahnemann says: "It is not proper, either in acute local affections of recent origin, or in those which have already existed a long time, to make *any application whatever* to the diseased part, not even a substance which would be homœopathic or specific if taken internally, or to administer it simultaneously with the internal medicinal agent." (In § 197.) "This method should be rejected, not only in local affections which depend upon the miasm of psora, but also in those especially which result from

the miasm of syphilis or sycosis. For the simultaneous application of a remedy, internally and externally, in a disease whose principal symptom is a permanent local evil, brings one serious disadvantage with it. The external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult and sometimes impossible to judge whether the entire disease has been destroyed or not by the internal remedy." (§ 199.) "If the remedy homœopathic to the disease was not yet discovered when the local symptom was destroyed by cauterization, excision, or desiccation, the case becomes still more embarrassing on account of the uncertainty and inconstancy of the symptoms that remain, and this difficulty is inevitable, because the external symptom, which would have been the best guide in the choice of a remedy and have pointed out the proper time of using it internally, is removed from our observation."

I do not believe that our surgeons are using the cautery from any loss of faith through failure of action of homœopathic medicines, but I do most solemnly believe that this pernicious habit has arisen solely from lack of research. The true medicine *can* be found for each and every case, and when found *will* cure, provided resolution is within the pale of possibility.

If these men are sincere, and strictly conscientious in their treatment, they are then justified in pursuing the course which they have chosen to follow, but they have no right to so act under the banner of a school of the very precepts of which they are totally ignorant.

As I before said, each class of practitioners is wielding a mighty influence over those who are newly coming into the ranks. The gulf between these is rapidly widening, and the time is not long hence when we shall have a true homœopathic practice, and when our friends of the eclectic faith will desert the ranks in which they have so lazily stumbled, and seek shelter under the cloak of allopathy.

THIRTIETH ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

THE Thirtieth Annual Commencement of the Hahnemann Medical College—the objective point towards which the attention of the graduates had most earnestly been directed for the past three years; an event constituting an epoch in the lives of these young men, and adding to the ranks of the profession fifty-three earnest followers of Hahnemann—

came off on Monday, the 11th inst., at 12 M. at the Academy of Music. Notwithstanding the morning was threatening, and at the time of the opening of the doors of the Academy a drizzling rain was slowly falling from a gloomy sky, the hour of noon found the building packed with such an audience as delighted all interested in the event, and added greatly to the impressiveness of the occasion.

For a half hour previous to the commencement of the exercises the Germania Orchestra entertained the audience with several choice pieces of music; while exactly at 12 M. a procession, previously formed in the green room and composed of the trustees, faculty, candidates for graduation, and physicians, marched down the centre of the stage to their seats.

The valedictory address by Prof. Augustus Korndorfer, which had been carefully prepared and was well delivered, contained much timely advice and many useful hints.

The conferring of degrees by William McGeorge, Esq., Chairman of the Board of Trustees, was followed by the distribution of the numerous floral and other more substantial presentations in the form of books, instruments, etc., offered by the friends of the graduates. The college prizes of medals in gold, silver, and bronze, were awarded—the first to David R. Harris, of Virginia; the second to Simon P. Starritt, of Minnesota; and the third to Frank P. McKinstrey, of Pennsylvania.

The following is the list of graduates, fifty-three in number:

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| Joshua Allen, Philadelphia, Pa. | Charles M. McDonough, Bossardville, Pa. |
| Daniel M. Anderson, Phila., Pa. | Frank P. M. McKinstrey, Eureka, Pa. |
| Charles M. Brooks, Phila., Pa. | Donald McPherson, Mumford, New York. |
| Samuel Caley, West Chester, Pa. | Edward R. Perkins, Minneapolis, Minn. |
| J. M. Wilson Cannon, Waukesha, Wis. | J. Herbert Reading, Phila., Pa. |
| Harry Croskey, Eaglesfield, Pa. | George E. Ricker, Minneapolis, Minn. |
| David R. Harris, Richmond, Va. | Frank B. Richtstine, Harrisburg, Pa. |
| Lawrence M. Hickman, West Chester, Pa. | Clarence C. Rinehart, Pittsburg, Pa. |
| Joseph Hancock, Jacobstown, N. J. | William F. Roth, Sellersville, Pa. |
| Austin I. Harvey, Clarence, Me. | Dana F. Saxton, Hammonton, N. J. |
| Francis M. Harry, Phila., Pa. | Samuel C. Scott, Pittsburg, Pa. |
| William H. Holzberg, Annville, Pa. | Henry C. Shepherd, Phila., Pa. |
| Thomas C. Hutchinson, Wilmington, Del. | Edmund G. Shower, Manchester, Md. |
| George W. Kern, Johnstown, Pa. | Curtis O. Swinney, Bridgeton, N. J. |
| Edwin S. Kellogg, Walla Walla, W. T. | Simon P. Starritt, Minneapolis, Minn. |
| Henry A. Klock, Pitman, Pa. | D. Lafayette Snyder, Phila., Pa. |
| Max J. Koenig, Jersey Shore, Pa. | Rudolph Straube, Phila., Pa. |
| T. D. Koons, Allentown, Pa. | Henry C. Suess, M.D., Drake, Mo. |
| Charles I. Lane, Whitefield, N. H. | David B. Umstead, Phila., Pa. |
| Frank P. Lefferts, Churchville, Pa. | William W. Wareheim, Grave Run, Md. |
| Henry C. Leonard, Minneapolis, Minn. | Larphear W. Webb, Salem, Ohio. |
| Charles B. Lauck, Pittsburg, Pa. | Frank A. Winne, Fairport, N. Y. |
| J. Paul Lukens, Newport, Del. | Edwin C. Williams, Tamaqua, Pa. |
| Theodore M. Johnson, Phila., Pa. | John M. Yeagley, Lancaster, Pa. |
| John C. Mahorney, Ladoga, Ind. | William Zoller, Ogdensburg, N. Y. |
| George W. Marter, Phila., Pa. | |
| William G. McCullough, Phila., Pa. | |
| William C. McDowell, Mt. Pleasant, Iowa. | |

Apropos to the Hahnemann College of Philadelphia, the friends of the Institution will feel an interest in the annexed correspondence:

PITTSBURG, March 12th, 1878.

TO THE FACULTY OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

GENTLEMEN: I hereby place in your hands my resignation as Professor of Surgery and Clinical Surgery, in the Hahnemann Medical College of Philadelphia.

In so doing permit me to say that while my relations with my colleagues of the Faculty have been most fraternal and pleasant, and while my labors in the College were an unmingled pleasure, I have nevertheless felt it impossible to break up home ties and interests to remove to your city, which would be necessary did I retain my position in the College.

I acknowledge having been received with great consideration by the profession of Philadelphia, and that a wide field was presented for professional pursuits. It is therefore with great regret that after two years of most agreeable association with you, I feel compelled to withdraw from the Faculty of this time-honored institution, my own *alma mater*.

With sentiments of high regard, I remain, gentlemen,

Very sincerely yours,

J. H. McCLELLAND.

PHILADELPHIA, March 18th, 1878.

J. H. McCLELLAND, M.D.

MY DEAR DOCTOR: Your resignation of the Chair of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia, was laid before the Faculty at its meeting, Saturday evening, March 16th, 1878.

On motion, it was accepted, with instructions to the Registrar to inform you that we sincerely regret that circumstances prevent you from continuing your relation with us and with the College.

We cheerfully bear testimony to your acceptable labors in the position which you have held with us, and we feel that our institution and our school of medicine would be greatly benefited by a continuance of your valuable services.

While regretting the severance of college relations, we trust that our professional and fraternal associations will remain unimpaired through life.

With consideration of high esteem, I remain, dear sir, on behalf of the Faculty,

Very sincerely yours,

O. B. GAUSE,

Registrar.

OBITUARY.

JACOB JEANES, M.D.

THE homœopathic school and America lost one of its highest lights and warmest advocates in the death of Dr. Jacob Jeanes, of Philadelphia, which occurred December 18th, 1877, after a brief illness from apoplectic seizure.

The Philadelphia County Homœopathic Medical Society met on the evening of December 20th to take action on his decease, at which meeting a large number of members were present.

The President of the Society, Dr. R. J. McClatchey, after calling the meeting to order, addressed the members as follows:

Fellow-Members of the County Medical Society and Fellow-Practitioners:

We are called together on a sad occasion. Death, who with equal foot strikes wide all doors, has been very busy of late with our notable men. Within the brief space of a twelvemonth, Hausmann and Von Grauvogl in Europe, and Carroll Dunham in America, have been called from their labors in this world to the life beyond; but just now we have been told that Clotar Müller, who was with us at our World's Convention, has also been called from this sphere of usefulness to meet his confrères in heaven, and we have met to-night to lament the loss and show respect to the memory of one who, after a long career of usefulness, quietly closed his eyes upon this world on Tuesday last, to open them upon that new and brighter vista—the heavenly rest.

He was familiar to us all. His homœopathic medical life embraces almost the entire history of homœopathy in Philadelphia and in America, and in all its various epochs and phases, he was a conspicuous figure. In its early practice and promulgation; in the establishment of its respectability; in the organization of its societies, colleges, hospitals, and other institutions; in the enlargement and development of its materia medica; in the elevation of its literature; in the instruction of its students; in the cultivation of amenities and ethics among its practitioners; in the setting a good example to his fellows; and, in fact, in all places where it was honorable for him to be, and in all departments of usefulness, he was prominent as a worker, although with so much modesty, with so much unobtrusiveness, with so remarkable an absence of egotism and self-love, that other men, with less, much less, real merit, but with a larger share of self-assertion, came to occupy in professional eyes the more conspicuous place, until the work of all these early practitioners began to be weighed and measured and valued, and then that of Dr. Jeanes was placed at its proper price, and he received the palm which he had earned, not, however, without the powder.

He was familiar to us all as a member, an active, efficient, working member of our Society, a regular debater, and a reader of carefully considered and ably-prepared papers, and an attendant whose place was rarely vacant except when he was too ill to attend. He was for several successive terms our presiding officer, although, as he always said, he preferred the floor to the chair. We all know what a kindly nature his was; what a catholic spirit he had; how tolerant of the opinions of others, and how free in the expression of his own views. He was ever among the earliest in his place, among the most attentive of the auditory, giving as careful heed to the remarks of the youngest as to the utterances of the elders of the profession. His venerable head would bow in thoughtfulness ere he rose to speak, and then his views were given to his fellows with the utmost calmness, clearness and precision, and withal with a certain winning force, if I may be allowed to use the expression, which had a marked effect. It is the truth that the influence of this man was a winning one; he did not push his hearers into his opinions, or force them to adopt his views by excluding from them all others; but he gently, mildly, quietly, but powerfully, led them to follow him. But his familiar presence will soon be to us a thing of the past; the place where he sat will know him no more forever; and yet when we think of the long life of usefulness and of goodness, and of his peaceful death, and of his ever-living future, we should not mourn, while we may feel his loss and regret the severance of long-time association.

Dr. Jacob Jeanes was born October 4th, 1800. His literary education was completed in Philadelphia, when he was about nineteen years old.

He then returned to the "old farm," or old homestead, where he remained for about two years.

On one occasion his father met the young man's old preceptor in the street, and in a conversation about young Jeanes the latter remarked that it was "a pity to bury such talent in the dirt," alluding to the retirement of the young man to his country home. The father, doubtless, pondered these words, and this led to his being placed under the preceptorship of the distinguished Dr. Joseph Parrish, one of the then Faculty of the University of Pennsylvania, with whom he studied medicine three years, attending lectures also at the University. He graduated Doctor in Medicine from this time-honored institution in 1823. He practiced as an allopathic physician during the ensuing twelve years, during which period he was for several years physician to the Almshouse and the Philadelphia Dispensary.

He was attracted to homœopathy by seeing notices of it occasionally in the medical journals and other periodicals, and, doubtless, too, by hearing cases of cures related by the laity; probably by members of the Society of Friends, of which he was a member, since that intelligent people were among the very first to espouse homœopathy as a superior system of medical practice.

So great was his interest in the new system that he set himself the task of learning the German language, that he might study the works of Hahnemann, there being at that time no translations of the standard works on homœopathy.

By degrees he became convinced of the correctness of Hahnemann's doctrines, remarking ere long, to use his own words, "There is something in this." He continued his investigations, however, during a period of eighteen months, at the end of which time he became so thoroughly convinced of the truth of the new practice, that he at once adopted it as his method of treating the sick thereafter. This occurred in the year 1835. In 1838 he published a work on practice of great value. It is a pity that he could not be induced to issue a new edition of this work in his later years, for he had a vast stock of experience from which to draw, some of which was unique, and all of it valuable.

Dr. Jeanes was one of the original members of the American Institute of Homœopathy, and its President in 1845. He served very efficiently for several years as a member of the Bureau of *Materia Medica* of the Institute, or "*Central Bureau*," as it was formerly called, and in this capacity made many provings. We owe our knowledge of Benzoic acid chiefly to Dr. Jeanes, and our knowledge of many other drugs is also due in whole or in part to his devoted labors.

He was one of the founders of the Homœopathic Medical College of Pennsylvania in 1848, and was Professor of the Principles and Practice of Medicine in that institution in the years 1848-49.

Such is a brief history of the character and work of the revered colleague who has been called away. It is our duty, as well as our mournful pleasure, on this occasion, to testify to his worth and to our feelings in regard to his decease, by the adoption of preambles and resolutions expressive of the same, and by paying individual tributes to his worth.

Dr. Henry N. Guernsey moved that the address of the President be adopted by the Society, by a rising vote, as expressive of the opinion of its members in regard to the character and merits of Dr. Jeanes and of their feeling in regard to his death.

Dr. Bushrod W. James seconded the motion of Dr. Guernsey, and it was therefore adopted unanimously, the members rising.

Dr. Augustus Kornderfer then offered the following preamble and resolutions, which were unanimously adopted:

"WHEREAS, It hath pleased the Almighty to remove from our midst, through death, our revered fellow-member Dr. Jacob Jeanes, and

"WHEREAS, In his life we recognize that of the true man, in kindness, goodwill, and earnestness, only excelled by its purity, and

"WHEREAS, In his death we, as a Society and as individuals, have suffered an almost irreparable loss, therefore

"Resolved, That this Society extend to his widow most heartfelt sympathy in this her sore affliction, yet with the feeling that words can but poorly express our sense of this double loss to her and to us. We would share though we may not lighten the grief. True comfort can only be derived through that faith which has power not only to alleviate but may even sanctify our sorrows."

The President then appointed six pall-bearers, whereupon the Society adjourned.

PUBLICATIONS RECEIVED.

IN HEALTH. This is the title of a little volume by Dr. A. J. Ingersoll, the proprietor of a home for invalids, in Corning, N. Y.

This book consists of ten essays, all endeavoring to illustrate and prove his theory that many of the ills that flesh is heir to result from a suppression of or improper opinion regarding the sexual instinct.

The Doctor cites cases of uterine and nervous troubles, which he cured simply by persuading the sufferers to trust their sexual nature to Christ. It must be entirely a matter of faith, and by some miraculous agency all the sexual desires at once become under complete subjection.

It is just probable that in the cases of women ill with uterine difficulties, and who were suppressing the sexual instinct as something unwomanly, the mere fact of being made to understand that it was a physiological necessity, and being thus led to gratify it as such, exercised as much influence in the cure as mere faith. The Doctor advises exercise during menstruation, provided the woman is "not disgusted or angry with the function."

Now with all due reverence to the truth of faith in a divine helper, we do think that unless the laws of the physical organism are obeyed, all the faith in the world will not prevent sickness and pain.

It has been so thoroughly proven that exercise is *not* beneficial during menstruation, that it is needless to discuss the subject farther.

The book contains much that is worthy of careful consideration, and while we do not indorse all the views it contains, we would recommend it most heartily to our readers.

EDITORIAL NOTES.

THE HOMOEOPATHIC MUTUAL LIFE INSURANCE COMPANY OF NEW YORK.—This company has lately undergone an examination by the New York Insurance Department, which occupied several weeks and was of the most rigorous character. Every detail of its business was thoroughly investigated, and the result is that the Company's last statement of its own condition is verified in every particular except in the estimated value of a small part of its investments. These estimates being based upon auction prices of these depressed times, are necessarily, to a certain extent, matters of opinion, and the officers are confident that these investments, when

ultimately realized, will net them much better prices than their present valuation. But notwithstanding this apparent shrinkage, the State Examiner left the Company a hard cash surplus as regards its policy-holders, of nearly \$52,000.

That its policy-holders are amply secure, is proven by this fact, that for every \$100 of liabilities, actual or contingent, present or future, the Company holds \$108 in present cash value of assets after all shrinkages have been fully discounted; a margin abundantly sufficient, as is proven by the experience of the older and larger companies.

There are four practical tests by which we can judge of the vitality and prospective success of a life Company, viz.:

1. Are its assets in due excess of its liabilities?
2. Is its mortality within the table rate?
3. Is its interest account proportionate?
4. Is it economically managed?

The *first* of these questions we have already answered in the affirmative. The *second* question touches upon the strong point and essentially distinctive feature of the Company which insures us homœopaths at lower rates, because it has proven, as well by its actual experience as by many other tests, that the mortality among that class of insurants is really less. In fact, all these questions are really answered by two facts: one, that for four years past the Company's interest receipts have more than sufficed to pay all its death losses (an unprecedented fact in a life company of its age), and the other, that on December 31st, 1877, its uncollected due premiums were only four per cent. of its annual income, and the due interest account was correspondingly small.

In measuring the success of this Company, we must not forget that it has weathered the greatest financial storm that this country has ever been called upon to endure, a storm which has wrecked every other life company that started when it did (over twenty in number), and that it has honorably and promptly met all its obligations, has never litigated a death-claim, and has never taken any of those technical advantages of its policy-holders which have brought such odium upon the whole business of life insurance.

The only objections which can be urged against this Company, are its youth and the impairment of its capital stock. But time will soon cure the first, for it was founded in 1868, and its ten years will soon ripen into twenty, bringing with them ever-increasing success. And as to the impaired stock, that is a stockholder's matter, purely; for the policy-holders are now, and always will be abundantly secure, for they have the first lien on all the assets, and the Company was founded, not so much to put money into stockholders' pockets, as to demonstrate the soundness of the homœopathic law. It is simply due to the present officers and managers of the Company to state that when they assumed control of it in 1871, the capital stock was almost entirely expended in the process of starting the Company, and that in spite of the hard times, which have crushed so many corporations out of existence, and in spite of the great shrinkage in all kinds of investments, which they have boldly carried to profit and loss account, they now show a hard cash surplus of over \$55,000. Their policy-holders are their first care and abundantly secure, and we can only say to the profession in conclusion, that they have but one duty to discharge towards this Homœopathic Company, and that is, to encourage and uphold it at every opportunity, and to commend it to all their friends and patrons.

SPIRIT OF THE MEDICAL PRESS.

POLIOMYELITIS ANTERIOR OF GROWN PERSONS, by Prof. M. Rosenthal. (*Allgemeine Homöopathische Zeitung*.)—Only lately we learned to diagnose a series of morbid affections of the spinal gray substance, as the progressive muscular atrophy, the *sclerose latérale amyotrophique*, spinal infantile paralysis, and the different forms of poliomyelitis adolescentium, where post-mortems showed a myelitis of the gray anterior cornua, with pigment atrophy of the ganglia-cells grouped therein in manifold radiation. This myelitis corresponds in all essential points with infantile paralysis. Kussmaul calls it *poliomyelitis anterior acuta*; Charcot as *taphromyelite*, and Codvil, Lapene and others, found atrophy of the ganglia-cells, proliferation of the ganglia-tissues, devastation of the vessels and atrophy of the anterior roots. It begins with fever, headache, somnolence and gastric disturbances. After a few hours or days paralysis and emaciation of the limbs set in; sometimes with transient weakness of the bladder. After a few days the patient begins to improve, and in the course of a few months in favorable cases the symptoms of paralysis may gradually disappear, or there may be only a partial recovery, leaving circumscribed atrophic palsies, with contractures and malformations; but which never cause such high-graded deformities as witnessed during childhood, because the bones of adults have already their full growth and the joints their firmness.

Poliomyelitis subacuta developing itself in a few weeks, or *chronic* during several months, also begins with fever, headache, dyspeptic affections, pains in back and limbs. The initial paresis of the legs increases gradually to paralysis and relaxation of the muscles. Atrophy *en masse* soon takes place, ending with high-graded consumption of the muscles, sensibility remaining intact. Shortly afterwards paralysis and atrophy extend to the upper extremities, especially to the extensors, interossei, and balls of the fingers. Sensation, the sphincters and the genital functions remain normal, nor are there at this stage any aberrations shown in the brain and its nerves. The electrical examination of these atrophic palsies shows loss of nervous excitability, disappearance of the faradomuscular and moderate increase of the galvano-muscular irritability. This increase of the galvanic-muscular reaction is a slight one in opposition to the peripheral paralysis, is of short duration, and soon passes over in steady loss of irritability. Though the disease remains now stationary for months, a gradual improvement sets in from above downwards, sometimes in all muscles; more frequently some muscles remain atrophied, but even in the most favorable cases it may take from one to three years for a full restoration.

In unfavorable cases the process of degeneration may extend itself to the bulbus medullæ, causing dyspnoea, difficulty of speech, of swallowing, etc. The disease shows a different aspect when, after the fever had run its course, paresis and emaciation of the legs (with hardly altered electrical irritability) remain, and though this improves, it may be followed by paraplegia of the upper extremities.

The diagnosis of poliomyelitic paralysis is not difficult. It differs from chronic myelitis by its febrile stage, by the absence of anæsthesia, of disturbance of the sphincters, and by the rapid massive atrophy of the muscles and the degenerative reaction. It differs from tabes, which gives us disturbances of co-ordination (ataxy), insecurity when closing the eyes, sensation of a band around waist, disturbances of senses, and nearly normal electrical states of the nerves and muscles. Progressive muscular atrophy spreads slowly and irregularly from the upper limbs to the lower ones; leads to steadily-increasing malformations of the shoul-

ders and of the trunk, hardly ever shows even partial restoration. In amyotrophic sclerosis of the lateral columns we find the palsy only at a late stage, preceded by muscular tension and contractions, and finally atrophy, a high-graded reflex of sinews and bulbar complications, leading to a fatal issue. The prognosis, especially according to Seguin, is more favorable than in other spinal diseases.

Rosenthal recommends in recent cases Iodide of potash, abstraction of blood from the vertebral column, or the ice-bag on the spine. In chronic cases galvanism all over the spine and peripheral treatment of the affected nerves and trunks and muscles, with labile currents, methodical hydropathy (moist rubbing down, followed by tepid half-bath and not too cold rain-douche over the back).—S. L.

HOMOLOGY OF THE LOBES OF THE LUNGS. (*A. M. C. Z.*)—Prof. Chr. Leeb proves that the upper lobe of the right lung does not correspond to the upper lobe of the left lung, but is a formation which only belongs to the right lung, and is totally absent in the left one. Homologous to the left upper lobe is the middle right one, and the two lower lobes also correspond one with another. The perfect bilateral symmetry of the bronchial branching off will prove it to any one who examines them carefully. The bronchial tree of the right upper lobe must be therefore considered as a lateral addition to the right lung, and the symmetry between right and left lung is therefore based on its primitive organization. It is worth while to continue this study in all mammalia, in order to find out whether this type is found everywhere, or whether other types may also present themselves.—S. L.

THE EXTERNAL TREATMENT OF SCARLATINA. (*A. M. C. Z.*)—Waginsky considers external treatment of the utmost importance. He recommends bathing from the first moment of invasion, but never under 22°–23° R. (80°–90° F). After the bath the children are enveloped in a linen sheet, are slightly covered, left there for an hour, and then rubbed with lard over the whole body. The mortality with such external treatment is diminished, and protracted desquamation never takes place, nor are such high-graded dropsies observed.—S. L.

GALECTORRHEA AND THE FARADIC CURRENT—Prochowick treated two primiparae, who about three weeks after their confinement complained of the excessive flow of milk, which wetted their garments through, but otherwise, with the exception of a little lassitude, they felt perfectly well. As Atropia in pills of $\frac{1}{2}$ mg. failed entirely, the doctor examined the nipples and found the secretory ducts in both cases pushed together on a surface of the size of a pea, and no other opening upon the remaining surface. As he had thus to deal with a local aberration, whether from deficiency of contractile elements, or from deficient motory innervation, he applied weak faradic currents twice daily for 6 to 8 minutes to the nipples, and after six days he could consider his patients cured.—(*Centralbl. f. Gynæc.*, 1, 1878.)—S. L.

ACTION OF COLORS IN MENTAL DISEASES.—Dr. W. Ortleb. (*Allgemeine Homöopathische Zeitung*, No. 8.) I have made three experiments in my institution. In two cases the results were very favorable; in one case the remedy brought on an attack of insanity, after the course of which there was a supervention of the anterior condition.

The experiments were made with red color, applied in cases of melancholia. Part of my cases were well-marked types of the disease with a high degree of melancholy, which had resisted obstinately all other kinds of treatment and remedies. The apparatus was a red-painted room, with the furnishings covered by red gauze.

In the patients the power of will was lost, and movements were of a jerking character. Food and drink were refused, the pulse was extremely slow, barely perceptible; there was constipation and sluggish cerebral action. Neither physical, religious, nor medical power could disturb the calmness of the individual.

When the patients were led into the prepared chambers, they stood still and looked around them, as if awakened from sleep. They would then look at me with a surprised and questioning manner; tried to find some place for support, as if giddy; the pulse was increased and they sought to leave the room. They recovered appetite for food and drink, and became restored to health in periods of time somewhat longer than others who had been subjected to the blue rooms.--W.

HOMŒOPATHIC CONGRESS AT PARIS IN 1878. CIRCULAR OF CONVO-
CATION. (*Idem.*)—

PARIS, November 28th, 1877.

SIR AND MUCH-HONORED CONFRERE :

The Universal Exposition of 1878 ought to draw to Paris a great number of French and foreign doctors, and the Homœopathic Medical Society of France has the idea of uniting in a Congress of physicians from all parts of the world who study or practice homœopathy. Having invited the homœopaths of Paris to join with them, the Assembly has named a partly provisional committee, composed of two members of the society and of one doctor outside of the same; it decided also that the Medical Committee of the Hahnemann Hospital and the Federative Hahnemann Society should be invited to designate commissioners for themselves, charged to represent them amongst the commission of organization of the Congress. This proposition was accepted . . . the respective bodies have named their commissioners.

The Commission charged with the organization of the Homœopathic Medical Congress of 1878 has thus been regularly constituted by delegates from each of the bodies which represents homœopathy in Paris, namely : Jousset and Gounard, for the Homœopathic Medical Society of France; Testé and L. Simon, for the Hahnemann Hospital; and Hermann and Chancerel, for the Federative Hahnemann Society. M. Bourdais has been designated as representative for physicians who are not connected with the above associations.

The usefulness of a Homœopathic Congress in 1878 is to unite as many homœopathic doctors as possible, that they may become acquainted, agree upon questions still under discussion, and be led as much as possible to a unity of doctrine and practice.

It was in the last Homœopathic Congress of Paris (1867) that the idea was presented for the foundation of homœopathic hospitals. From this has resulted the establishment of the Hahnemann Hospital of Paris, the Hospital St. Jacques, and the Hahnemann Hospital of Madrid.

The Fifth Homœopathic Congress of Paris will commence its sessions the 6th of next August, and will be closed the 13th, unless the Congress shall wish to prolong it beyond the time indicated.

The commission of organization ask the doctors who will come to the Congress to please make themselves acquainted in advance with the questions to which they wish to call the attention of the Congress. All memoirs, letters, or communications sent to the Commission, should be addressed to its secretary, Dr. V. Chancerel, Rue de Faubourg Poissonnière, No. 98, Paris.

When the Commission shall have received from adherents to the Congress the titles of the questions to be proposed for discussion, they will prepare the programme and send one to each member. All the memoirs approved by the Congress will be printed and sent to each member.

We hope, sir and much-honored Confrère, that you will join with all the doctors who sustain the doctrines of Hahnemann, and honor by your presence the Fifth Homœopathic Congress of Paris.

Please accept the expression of our most distinguished consideration.

TESTE,

President of Committee.

BOURDAIS, GOUNARD, HERMANN,

JOUSSET, L. SIMON,

Commissioners.

V. CHANCEREL,

Secretary.

—W.

NEURALGIA.—Dr. Heyberger (*Hirschel's Zeitschrift*, January, 1878).—*Phytolacca decandra* appears by its curative action to be a remedy between *Rhus* and *Bryonia*, and furnishes a valuable link in the otherwise disjointed chain. It may be employed in neuralgia with excellent effect, if the practitioner does not give it his blind confidence, because it is new, and place *Rhus* and *Bryonia*, proved by long years of use, in the front rank.

Cases are often presented without any decided indications for the one or the other of these last, and we naturally choose the one we think most suitable, and when it fails, the other. In cases such as these, a remedy uniting the characteristic symptoms of both *Rhus* and *Bryonia* will often cure when neither will alone. Years ago, in treating a sciatica of the left side, I found myself in such a dilemma with *Rhus* and *Bryonia*, and believe I might have cured it with *Phytolacca*, whereas a series of remedies, which seemed indicated, did not remove the disease entirely.

Mrs. M. T., a busy landlady and mother, well nourished, medium size, dark brown hair, blue eyes, and clear complexion, aged 40 years, had survived several parturitions and considerable sickness; the latter due to her occupation and its consequent fatigues and alternations of temperature. The trouble which I was called to prescribe for was due to a chilling of the body after getting very warm over the cooking. The illness began with cold shivering and every movement of the hip-joint caused violent pain to extend over that region and the sacrum.

Domestic treatment to cool and scatter the trouble was extensively employed. A large horseradish poultice *ad posteriorem*, and drinks of elder-tea produced copious perspiration, but no cessation of the pain. After two days' delay medical aid was summoned, as the pain had located in the knee and no relief from it could be obtained by change of position. There was a subjective sensation of swelling in the hip-joint, though there was no external tumefaction; there was painful sensibility from pressure and movement. The pain was pricking, tearing, pressing, and paroxysmal. No position gave ease and there was considerable restlessness. A drawing-tearing pain of violent character periodically started from behind the trochanter and spread along the crural nerve through its course down to the foot. There was no swelling, but pain in the knee-joint. There were varicose cicatrices upon the thigh. After a résumé of all the symptoms, *Bryonia*³ was given every two hours, and *Belladonna*² given in alternation on account of the loss of sleep. These relieved the violence of the attack, but the ischiatic pains still continued. These were relieved by continuous movements and made worse by rest.

After *Bryonia* failed to produce any effect, *Rhus* was prescribed, with a like failure in results.

Phytolacca decandra fulfilled the indications better, and was given in the 1st potency.

The next morning the patient was much better, and in four days was well and returned to her household duties.

The doctor reports, also, a case of severe brachial and intercostal neuralgia, cured by the same remedy in ten doses given at intervals of six hours.—W.

PERCUSSION OF BONES.—Dr. Lücke (*Idem*). At the end of an article upon the above subject, the doctor says: "You see, gentlemen, that there is quite a series of diseases and injuries of bones, the diagnosis of which is really made out by means of percussion.

"To recapitulate: There are fissures of bones, also determined by the pain, abscesses and cancerous infiltrations of the same, as well as rarefactions of their connective tissue and condensations of it within the bones."

I hope more experience and post-mortem examinations may give certainty to this method of diagnosis.—W.

Dr. O. Heyfelder (*Idem*), gives in the *Berlin Clinical Weekly*, a very interesting report of his observations and experiences in the Russo-Turkish war.

The Tartars and Turks possess a certain immunity from surgical diseases and degenerations. The Turks are the most heroic in great pain, and their capability of endurance appears greater than that of any other race of men.

The various penetrating splintering fractures of the skull with loss of substance from sabre cuts heal without difficulty or suffering, as well in the common soldiers as in the officers. As an explanation of this recuperative power, it is stated that they use no spirituous drinks, live very frugally, and of scrofula of northern countries is unknown. They bathe every day and keep their bodies very clean.

Whether the condition of mental quiet is to be called indifference or heroism, at all events it is the antithesis of faint-heartedness and anxious occupation, which all experienced surgeons recognize as very unfavorable for the course of wounds and operations.—W.

THE ACTION OF FUCHSIN (*Idem*). Professors Feltz and Ritter, of Nancy, have performed some highly interesting experiments with this material, which has become so famous of late in the adulteration of wine. The results were published in the *Revue Medicale*.

Experiments were made at first upon man and other mammals by direct injection into the blood. The Fuchsin appeared quickly in the urine, gall, and saliva. When administered by the mouth the same results were noticed. The quantity of the secretions varied, and depended upon whether the substance was given after fasting or during digestion; but the maximum amount eliminated by the urine was about one-fifth of the quantity given by the mouth.

The Fuchsin produced a reddening of the surface of the body and of the urine; the mouth became the seat of a violent itching. As soon as the substance caused vomiting the discoloration of the skin diminished and the amount of Fuchsin eliminated by the urine was lessened.

In five dogs that had been put upon a like quantity of food containing little nitrogen, and the kidneys of which had been proved to be normal by a series of daily observations of the urine, the Fuchsin was injected directly into the blood. After a dose of .25 gram to each dog; two doses of 1.71 gr., three doses of .45 gr., two doses of 1.8 gr., a day respectively; and after 4.8 gr. given in four days, there were no marked symptoms at first; there was only a little reddening of the skin and mucous membranes. Soon, however, the appetite was lost and the animals drank much water *without there being any fever*, and there was a loss in weight in a short time of from 1000 to 1500 grams.

The second dog used in the experiment died the tenth day, and the fifth one the twelfth, their injections having been made in the crural vein.

Of those remaining, one was killed and the other two survived several weeks, but went finally into a condition of chronic malaise, or Fuchsin poisoning.

ESERIN IN DISEASES OF THE EYE. Dr. Munninghoff, Westphalia (*Homœopathische Remdschan*, No. 3).—About three years ago a farmer's wife consulted me in the little city of Winterswyk. She suffered from diffused keratitis, and remained under my treatment four weeks. Atropia, Nitric acid, and foot-baths did no good. Vision was only $\frac{1}{200}$.

She returned to Holland, and I gave her Eserin to drop in the eye and Calabar to be taken internally. Two or three weeks after she came to me and said joyfully: "What you gave me has helped me very much; I can see again." I hardly dared to trust my eyes. I found the opacity of the cornea all gone and the vision normal. I had not then read the papers of Laqueur, Wecker, Weber, etc., and independently of these distinguished ophthalmologists made the above discovery. After reading Laqueur's paper on vision, I no longer doubted the ability of Calabar to make such cures. Now, after a trial of three years, I can state that I have seen corneal opacities vanish after the use of Eserin for some months. In an operation for cataract, a small piece of the iris that was caught in the incision was drawn back by the use of Eserin.

In Payr's discussion upon glaucoma I do not find this remedy mentioned. Laqueur proved that certain kinds of secondary glaucoma are cured by Eserin without an iridectomy.

In hæmorrhagic glaucoma Eserin is perhaps the only saving remedy; as an iridectomy in such cases acts destructively.

One drop of a one per cent solution of Eserin, according to Weber, produces contraction of the pupil in the course of twenty minutes. This action continues three hours, and continues in some degree for twenty-four hours.

Eserin is indicated:

1. In staphylomatous processes connected with anterior synechia.
2. In certain forms of glaucoma, particularly in the hæmorrhagic, but here it must be used with caution, as improper application may bring forth hæmorrhage into the vitreous body.
3. In the slighter degrees of prolapsed iris.
4. In keratocele and conical cornea, also in opacities.
5. In deep corneal ulcers, phlyctenular keratitis, diffused keratitis, and serpiginous ulceration. In the latter, Wecker advises that a paracentesis be first made.
6. Finally, in purulent ophthalmia of children, when the lens must be removed on account of severe injury to the iris.

To estimate the action of Calabar bean, we must present the observations of Weber.

Atropia, dropped in a healthy eye, diminishes the intraocular pressure in the vitreous chamber when that pressure is above the normal degree.

Calabar, on the contrary, increases the pressure in the vitreous chamber, but diminishes it in the aqueous.

It is acknowledged that these chambers are entirely separated from each other.

Eserin is contraindicated:

1. In necrotic abscesses of the cornea. These must be incised and treated with Atropia and compressive bandages, as is well known.
2. In small corneal ulcers.
3. In all superficial ulcers of the cornea which have no connection with the state of the intraocular pressure.—W. H. W.

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CHOLERA INFANTUM.

BY J. C. GUERNSEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Philadelphia County.)

IN treating the above subject it was my original intention to include for consideration, as a whole, the various forms of intestinal and gastric irritation and disturbance, the effects of which annually sweep to premature death hosts upon hosts of the infantile population. To this source of sickness alone, or to diseases beginning in this way, is due a far greater mortality than probably from all other forms of illness combined. Many deaths returned under the heads of marasmus, convulsions, dysentery, hydrocephalus, etc., were, in their incipency and prodromal stages, of diarrhœic character.

But I found so much to say on Cholera epidemica, that I shall confine myself to this disease alone, as it may appear from earliest age to that of the octogenarian.

Here, as in all other forms of disease *non-surgical*, the origin is, as Hahnemann teaches us, purely dynamic. The "spontaneous and immaterial vital principle, pervading the physical organism, is primarily deranged by the dynamic influence of a morbid agent, which is inimical to life. Only the vital principle thus disturbed can give to the organism its abnormal sensations," and, in the case in hand, incline it to the irregular actions which we call cholera. What this morbid agent is in cholera I propose to consider later.

The causes of this untoward form of sickness and its frequently fatal results are largely due to want of properly understood and applied hygienic prevention before, and the

adoption of befitting medical treatment and hygienic measures for the radical cure during an attack. With the hygienic prevention we shall deal first.

To an article entitled, *Dietetics in Relation to Infants and Young Children*, by Dr. Thomas Moore, and read by him before the Homœopathic Medical Society of Pennsylvania, then published in the *Hahnemannian Monthly*, and later, by the liberality of the author, reprinted in pamphlet form for general distribution, as the worth and excellence of the essay richly merits, I shall now refer, and copiously quote from its lavish prodigality of sound teaching. The truth of Dr. Moore's views has been amply proved in the wide sphere of his thirty years' practice, as well as in the experience of many of those physicians who occupy conspicuous places in the front rank of our profession. Dr. Moore says:

"The state of the system previous to the indications of disease has a decided influence upon the course, severity, and danger of every case of sickness. And it is the great object of hygienic science to teach us how to maintain a perfect physical condition and preserve a healthy integrity of life-force, in order that the vital energy may thus be able to resist the influence of disease-producing causes. The principal means of effecting this object is proper nutrition of the body.

* * * * *

"If the law of nature which demands that the mother shall nurse her own offspring, was faithfully observed, and if all the circumstances and conditions of the nursing mother were such that she could properly fulfil this most important duty, and abundantly supply her infant with the only nourishment that nature herself provides for it, the frightful sum of infant mortality which is now presented would be, no doubt, greatly diminished.

* * * * *

"While there may be other predisposing causes operating to produce illness in an infant raised exclusively upon the breast, the most probable one must be looked for particularly in the quantity and quality of the milk furnished by the nurse. The fact of such an infant, fed altogether from the breast, becoming affected by the various exciting causes of disease (which are often so obscure as to be entirely conjectural), and which develop diarrhœa, vomiting, or cholera infantum, terminating as they frequently do in hydrocephaloid affections, is to me almost positive evidence that a predisposition had been previously established, the presumptive cause of

which will most likely be found in the defective character of the nurse's milk.

* * * * *

"The nurse should be ordered a diet of vegetables and vegetable acids, consisting of potatoes, tomatoes, cabbage or cold-slaw, with plenty of ripe fruit, lemonade given as a drink, with as much bread or other farinaceous food as desired.

* * * * *

"Defective nutrition and its consequences, although very frequently observed in suckling infants, are much more commonly seen in those 'brought up by hand.' Nature clearly indicates that in the absence of teeth the infant's system is not yet in a condition to receive solid food in any form. And until the eruption of the incisor teeth the organism is not adapted to receive, digest or assimilate anything except the mother's milk or something analogous to it.

"Before the eruption of the incisors, the system of the infant takes but little if any part in the process of metamorphosis of tissue, by which the organic vegetable products of the earth are transformed into the organic animal matter from which the tissues of the body are formed. Consequently, farinaceous or other prepared foods of that character which contain nutritive principles quite suitable for children during or after teething, are not appropriate before dentition. The starch contained in farinaceous food, together with the sugar into which the starch is converted in digestion, are in themselves incapable of supporting life for any length of time. Besides the part they are supposed to take as carbonaceous substances, in keeping up the animal temperature, they are known also to contribute to the accumulation of fat in the body. Hence a child fed upon farinaceous food before the period of dentition might have all the appearances of perfect health, and become fat and hearty from the effects of the starch and sugar contained therein, while at the same time it may be actually starving to death, because incapable of converting the gluten, which is the great nitrogenized principle contained in that kind of food, into its own tissue.

* * * * *

"Another very frequent cause producing general enervation of the system and consequently a tendency to disease in children, if not to immediate sickness, is the frequent practice of feeding children deprived of the breast upon undiluted cow's milk as a substitute for that of the mother or wet-nurse.

“Nature’s laws are arbitrary, and any infringement of those laws is followed by a corresponding penalty. Now it would be just as unnatural to expect to raise a calf upon the milk of the human subject, as it is to attempt to bring up a child upon the pure milk of the cow. The milk of the cow was intended for and is perfectly adapted to all the requirements of the growing calf, exactly as the milk of the human mother, and no other kind, is altogether proper and suitable for the nursing child. If the composition of all kinds of milk was chemically, physiologically and in every other respect precisely the same, and if the proportions of the constituents were alike in all species, there would be no breach of natural law in substituting one kind for another. But we know that the milk of the different species of the mammalia is essentially different in each, varying in its chemical composition and in the proportions of its constituents. Hence, if we observe the requirements of natural law, we cannot with impunity substitute the milk, in its natural condition, of an animal of one species for that of another of a different species.

“It must be admitted that occasionally we find children who do apparently thrive upon undiluted cow’s milk, but these are exceptions to the general law; for where we see one such case, we will find thousands in whom it will produce immediate sickness, or else a susceptibility to disease, which will show itself on exposure to any exciting cause.

“The great difference in the composition of cow’s milk and that of the human female is in the excess of the caseum (which is the only nitrogenized principle contained in milk), and in the deficiency of the sugar of milk in the former, as compared with the latter.

“The following table will show the relative proportions of the constituents of the milk of the woman and of some of the lower animals:

| CONSTITUENTS. | MILK OF THE | | | | |
|-------------------|-------------|--------|--------|--------|--------|
| | Woman. | Cow. | Goat. | Ewe. | Ass. |
| Caseum..... | 1.52 | 4.48 | 4.02 | 4.50 | 1.82 |
| Butter..... | 3.55 | 3.13 | 3.32 | 4.20 | 0.11 |
| Sugar of milk... | 6.50 | 4.77 | 5.28 | 5.00 | 6.08 |
| Various salts.... | 0.45 | 0.60 | 0.58 | 0.68 | 0.34 |
| Water..... | 87.98 | 87.02 | 86.80 | 5.62 | 91.65 |
| | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |

"The best artificial food for infants is that which will, at least, contain all the *constituents* of the mother's milk in the proper proportions. . . . It is as follows: Dissolve a heaping teaspoonful of sugar of milk in half a teacupful of *boiling* water, and add an equal quantity of fresh unskimmed cow's milk. This formula is easily remembered, and can be prepared without inconvenience in a few minutes. These proportions should not be changed as the child increases in age, but it should take a larger quantity of the solution.

* * * * *

"Condensed milk is prepared at first by adding one teaspoonful of condensed milk to twenty-six to twenty-eight teaspoonfuls of *boiling* water, and may be made stronger as the child advances in age.

"Too prolonged nursing or feeding with the artificial preparations of cow's milk may induce disease tendencies in the system by depriving the infant of those essential materials furnished by other food, which are required by its increasing age and growth, and which are not contained either in the nurse's milk or in the prepared milk of the cow.

* * * * *

"Nature shows by the appearance of the incisor teeth that the system is prepared for combined feeding; that is, we may now begin to give other nutriment besides the exclusive milk diet heretofore used. The various preparations of farinaceous food may at this time be given with great propriety, while the child is still nursing or taking the preparation of cow's milk. The proportion of farinaceous food may be increased as the successive teeth make their appearance. It is well also to change the variety of grain food occasionally.

"Upon the eruption of the molars, which correspond to the well-developed *grinders* of the herbivorous animals, nature shows that the child's system is then in a condition to masticate and digest a greater variety of solid food, especially of more purely vegetable character, and also good ripe fruits. As soon as the child learns to eat such food and thrives upon it, it should certainly be entirely weaned, and the preparations of milk substituted by a variety of more substantial nourishment. Continued nursing after that time would be undoubtedly injurious to the child, by causing it to depend upon the breast instead of more nutritive food.

"If solid vegetable matter is found to disagree with the child, which is not usually the case at that time of its life,

great advantage may be gained by using instead *strained* vegetable soup. This is prepared by boiling a teaspoonful of rice or barley in a quart of water, with a little salt, to which is added a large potato, a tomato, celery if in season, a grated carrot, and a little parsley for flavor, if not objectionable on account of its medicinal properties. Other suitable vegetables may be used if desired. The vegetables should be finely chopped up before being introduced. After boiling slowly for several hours, the soup must be thoroughly strained through a fine sieve, and all the remaining undissolved matter, consisting chiefly of woody fibre, should be rejected as useless. This preparation should be given to children *only after* the eruption of the molar teeth.

"It is invaluable in all cases of sickness, even in after-life, when vegetable food is required, but cannot be taken on account of the irritating and indigestible character of the solid vegetable matter. Its great advantage consists in the fact that we thus obtain all the nutritious juices of the vegetables, containing their soluble organic and inorganic constituents, without any of the objectionable parts thereof."

I have quoted thus largely, feeling as I do, that these salient points which must carry conviction with them, cannot be too frequently reiterated to the profession and the laity, that they may become familiar to and adopted by all.

Etiology.—According to the tabular statements of well-kept records, this disease appears in force from about the middle of June to the middle of September, as do all forms of gastrointestinal disturbances, rising to its height during the hottest days, generally of July and August, the mortality being apparently regulated by the daily temperature.

From the careful study, conclusions, and observations of eminent pathologists, it would seem that there is a *specific cholera germ*, the "*morbific agent*" referred to in my quotation from *Hahnemann's Organon*, which must be either an organic poison or a living organism of parasitic nature, the *seminium morbi*. Whence this germ originates, whether it be developed in India from diseased rice or not, or in what other way, we cannot say. We can only acknowledge and accept its existence. Many arguments, very plausible too, are deduced in favor of this living parasite, likely from the vegetable kingdom. In *Ziemssen's Cyclopædia of Medicine* we find this ground taken as follows: "The mycetic theory, which ascribes the origin and development of cholera to parasites of the lowest form and smallest size, corresponds more fully than any other hypothesis,

and is in more perfect harmony with all observations hitherto made concerning the etiology of the disease. . . It is likely that cholera owes its pandemic character to this circumstance. . . . Moreover no one has hitherto ever been able to demonstrate, empirically, an organic poison as the cause of any infectious disease, though a great number of incontestable facts have already accumulated and are rapidly increasing, which bring infection directly in connection with the development of the lower vegetable parasites." These germs may become attached to solid bodies, or may spread through the air, though their capacity for proliferation is much diminished, and they lead a much less active life outside of fluids. There exists in water, particularly if stagnant, organic matter which serves for their nutriment and support.

The violent outbreak of cholera on board ships while out at sea, aids the theory of the presence of germs which must have been taken aboard the vessel in some of the effects of the passengers, or in the drinking-water, or by some other media, perhaps in the intestines of one or more passengers, as we shall see later, who were already infected before the start.

That physicians and nurses who are in constant attendance upon choleraic patients, as in hospital practice, are more liable to attacks of this disorder than those who simply visit occasionally to remain but a short time, is a further proof of the mycetic theory. Continual presence with the sick, handling their bodies, fecal discharges, linen, using more or less the same conveniences and utensils, afford the parasites more opportunities for entering and contaminating the system. That all the attendants do not sicken, though they may become infected with the germs, is no proof of their non-existence, because *the system must in all cases be in a favorable state for becoming affected* by this or any other morbid influence before the noxious elements can successfully operate to produce disease. Out of several bitten by a mad dog, only one may contract hydrophobia, even though no prophylaxis be tried in any of them; so also most people receive a pin scratch with immunity, while in other cases the same scratch or even prick of a needle, where the system is in a favorable state for contamination, may be the exciting cause of ulceration, erysipelas, or even gangrene. That in every epidemic there are well-marked districts where the disease rages with furor, and that in another district close at hand the disease may have but little sway, is a positive proof how much local influences may affect the development of the germs and thus the disease it-

self. Overflowing or badly cemented drainage and sewer pipes may convey infectious matter into the ground directly beneath or into dwellings, and swiftly develop their destructive action among the inhabitants. Thus one street, or one house even, may be mercilessly afflicted, while the street or house adjacent may enjoy comparative or total immunity. It seems that cholera can only be spread by contagion, by actual contact with certain germs. These often fall into privies, and thence, by filtration through the ground or other channels, may find their way into wells of drinking-water, though the privies and wells be several hundred yards apart. Beware then of having the source of drinking-water near any place where these germs are likely to occur.

According to *Ziemssen's Cyclopædia* drinking-water affords a most notable means of contagion, and many proofs are deduced to this effect. "As these germs are more or less confined to their localities of origin, and as they develop more especially in fluids, the water of the soil and drinking-water must play an important, although not an exclusive, rôle as vehicles; cholera excretions, too, are the frequent though by no means the sole carrier of the germs, indeed, they may even lack every element of contagion."

Niemeyer, on the contrary, places most importance on the excretions alone. He states that "fatal cholera epidemics have broken out in places previously free from it, because of some traveller, having cholera germs in his intestines," perhaps when on the eve of embarking on a voyage, as before referred to, "has used a privy, or that the dejections of cholera patients have been emptied into a privy frequented by other persons. . . . Using infected privies is dangerous, because they are the favorite lurking-places for cholera germs, and the gases arising always contain dustlike particles."

He thinks that the deleterious fungi are seldom taken into the system by drinking-water, but expresses the belief that they enter the nose and mouth with the air, and are swallowed with the saliva. Contrary to this it has been urged that these dejections have been swallowed in some cases by persons, and that they have been introduced into the bodies of animals, and not in either case produced the disease. This failure or objection may be met and accounted for in two ways: first, there did not exist the requisite predisposed susceptibility in the experimenters which must be present before any disease can be developed (witness those who do not contract syphilis, though coming in direct contact); secondly, that the recent

dejections of cholera patients, which have generally been used as above, did not contain the cholera germ in the stage of development necessary to infection. So this alleged *experimentum crucis* is not an incontrovertible proof of the non-contagious nature of cholera. Another proof of the mycetic theory is, that when an epidemic breaks out, whether induced by the advent of one or more infected persons to a certain place, or by any other infected media, the pestilence is at first localized. Then after a longer or a shorter period the disease spreads wherever the germs extend by being carried through the air, by filtration through the soil, particularly if it be porous and moist (a firm rocky soil being adverse to the spread), by gutters, drains, etc., the interim having been employed for the necessary proliferation of the germs.

Dr. Hahnemann himself strongly championed the theory of these germs. His opinion was that they hover closely in an invisible cloud about those who have been in the immediate vicinity of a sufferer, as well as about the sufferer himself, which cloud "is composed of probably millions of those miasmatic animated beings, . . . minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists." But cholera may break out simultaneously in two or more parts of a city or town, which is an apparent argument in favor of its atmospheric, telluric nature, just as though it were merely spread through the air. In reply to this he cites cases where the complete isolation of villages, the inhabitants thereof refusing to admit any one from without, or to permit any who had gone out to re-enter while cholera was raging in their vicinity, renders such places perfectly exempt from its ravages. So in a town or city where the disease appears simultaneously in more places than one, it is due to these places being affected *pari passu*; or else the germs have been received and immediately disseminated by some media through the town.

Again, the course of disease deploys generally along the frequented routes of travel, and it spreads more rapidly than formerly, now that we have quicker means of transit from place to place. These facts seem to show that there exist germs which must be carried about to produce the epidemic. And further, the long leaps or skips that cholera makes over certain places though in the direct line of travel, show that travelling cholera patients only infect those places where they leave the germs, while all intervening places escape. And these cholera germs may exist in patients, and be deposited by them, who are suf-

fering from what seems to be only a case of simple diarrhœa, even though the disease never becomes fully developed in them.

The contagious influence of dead bodies is doubted, as (Ziemssen) it is thought that "putrefaction rather diminishes the capacity for infection, and that the bacteria of decomposition destroy the germs of cholera."

In regard to the influence of the seasons of the year and meteorological conditions, we find beside the reports of cholera in severe winters, still another very interesting fact in confirmation of the mycetic theory; cold does not often kill cholera germs, but it reduces them to a minimum, and for the time being, harmless life; but the germs increase again in marked degree, and develop their destructive action with the increasing heat and soil moisture of spring-time. Cholera survives the winter as the history of past epidemics clearly shows.

But I will cease trespassing upon your time and patience in regard to the mycetic theory of contagion, with the following quotation: "The cholera germ acts in every case, from the lightest to the most severe, at every period, in every epidemic, in every land of the earth, and yet its action, too, varies in extreme degree. In many cases it causes but a temporary diarrhœa or a light cholérine, while in other cases it may be fatal in a few hours, the difference depending probably on the numbers in which it has entered, and on the favorable or unfavorable conditions of development it encounters in different individuals,"* and on their predisposed susceptibility to the disease at the time of contagion. The same, or similar parasites, are supposed to occur in simple diarrhœa, in typhoid fever stools, in dysentery and in cholera.

It is encouraging to know that if there is such a germ, we can do much, as will be shown later, to combat its proliferation and disastrous spread.

Another view of cholera well worthy our consideration, that advanced by Dr. M. L. Knapp, remains to be examined, though time and space will not allow me to take up his line of argument so fully as I would like.

Discarding entirely all hypothetical causes of cholera, such as contagion, infection, epidemic influence, vegetable fungi or animalculæ, etc., etc., he declared cholera to be a modified form of scurvy, and that the same predisposing causes which excite scurvy, chiefly improper and defective nutrition, as a

* Ziemssen's *Cyclopædia*.

scarcity in the vital stimulus of food composed of vegetables and vegetable acids, prepare infallibly the system for incubation of cholera. "On this proposition I remark, that the natural law governing man as an *omnivorous* animal, is as imperious as that which has ruled the ox, *herbivorous*, or the tiger, *carnivorous*. Infractions of this law call for a penalty, and it is as much a violation of it to withhold *all kinds* or a variety of animal and vegetable food and fruits from man, as to stall-feed an ox on meats, or to graze a tiger on clover." A condensed résumé of his reasons for believing cholera to be of scorbutic character is as follows :

1. He cites cases where its outbreaks were preceded by the coincidences of cold winters and retarded springs, from the effects of which the crops were distressingly abridged and the stores of succulent vegetables and fruits extensively frosted. These scurvy-producing (remote) causes furnished scorbutic conditions which later, under the influences of high solar temperature and sudden transitions from heat to cold, vitiated or foul air, humidity of the atmosphere, errors in diet (exciting causes), develop cholera. But there are those who will object to this theory as all false, because it is not capable of a world-wide application, since cold winters and hard frosts never occur in intratropical regions, and cholera is a native disease of a very hot climate, viz., India. This objection is met by the statement that blights from drought, rains, and floods occur there as elsewhere, and that scurvy does often rage fiercely as an epidemic in tropical countries, as well as cholera. Indeed, the most powerful of all the *exciting* causes of scurvy is heat. And an English surgeon of the army states, "*In India the scurvy and cholera raged simultaneously among the troops in the hottest of summer weather.*"

2. That the classes of persons who are the victims of cholera are those subjected to restrictions in diet, to inactive habits, and to confined, foul air, as sailors, emigrants, etc., and the poorer classes in cities; in short, precisely those who from time immemorial have been the victims of scurvy.

3. Admitting cholera to be of scorbutic character, all the strange vagaries attending its history and spread admit of rational explanation. Occurring in the spring and summer it attacks those who during the winter previous have been subsisting too entirely on one kind of diet, to the exclusion of succulent vegetables and vegetable acids.

4. That the symptoms of scurvy and cholera can, in both

cases, be discerned as being very similar in character and effect.

5. The anatomical characters in cholera are not less positive in declaring the identity of its pathology with that of scurvy. The great structural lesion which dissection reveals, is *disintegration* in both instances, etc., etc.

6. The curative and preventive effects of antiscorbutic treatment in cholera, furnished the hints that led to his convictions and conclusions. He declares the prohibition of vegetables and fruits in cholera to be an unfortunate blunder of the profession, protracting and aggravating every epidemic visitation of the disease.

7. Out of a given number of closely examined cholera cases, he found existing in every patient the unmistakable scorbutic signs, the crimson line along the dental margin of the gums, tongues furred centrally, pale and smooth laterally, etc., etc.

He declares that cholera invariably singles out for its victims scorbutic patients. "Cholera is a messenger of death riding *always* on the time-honored steed scorbutus; if we destroy the steed the rider will get on but poorly. And it is a consoling reflection that nations, cities and families can hereafter enjoy protection or immunity from the scourge of epidemic cholera, by simply conforming to the natural laws in regard to diet."

Nor have I altogether wandered from my subject, for the so-called "cholera infantum" is amenable to the same circumstances and much the same symptomatology as the cholera of adults, modified only by the difference in age. But real cholera, as a rule, rarely attacks sucklings; it may, however, attack the fœtus in utero simultaneously with the mother, as authentic observation clearly shows. Children of abortive pregnant women have exhibited unmistakable results of cholera.

We will now turn to the more familiar and predisposing causes. Summer heat stands pre-eminent, as accurate statistics show that nearly all cases of cholera infantum, and I refer now to children's bowel diseases generally, occur in the heated term from the middle of June to the middle of September, and in proportion as the weather is hotter, particularly if it be sultry, or warm and damp, the greater becomes the increase in the number of sufferers and the more fatal are the results. To the causes which perhaps rank next in importance, defective or improper nutrition, I have already amply referred. A suckling

infant, by being hastily weaned and put on a diet composed wholly or partly of milk or of farinaceous food, may sicken and rapidly incur a fatal attack of this disease. In weaned children from fifteen to eighteen months old and upward, who are beginning to use more solid and mixed diet, great caution must be used against such prolific causes as unhealthy or decaying vegetables, decomposing meats, drinks of bad quality, and of green and unripe fruit, such also as pears, currants, blackberries, gooseberries, bananas, etc., and eggs, oysters and fish. Colds, fatigue and very violent mental impressions, and very young children are especially susceptible to the latter, may act injuriously. The conditions which favor cholera infantum, as well as of adults, are excellently well set forth in the *Report on Epidemic Cholera to the Citizens' Association of New York, in 1865*. These are:

1. Decaying organic matters, bone, hide, fat and offal houses, neglected stables, putrescent mud and filth.
2. Bad drainage, local dampness, malaria.
3. Obstructed sewers, filthy streets, gutters, stables, garbage and cesspools.
4. Water and beverages in any manner contaminated by putrescent organic matter, particularly by any soakage from privies.
5. Neglected privies and putrefying excrement.
6. Overcrowding and neglect of ventilation.

Where the above condition of affairs appears, as it does largely appear in the sections of cities and towns occupied by the poorer and lower classes of humanity, who dwell in narrow and crooked streets and alleys, where the bright sun and pure air cannot have free access; where, owing also to the bad construction of their small-sized houses, built closely together, low ceilings and few windows, anything like good ventilation is but a hollow mockery; where the supply of pure water is sadly deficient or wholly wanting, we may look, and not in vain, for choleraic and bowel diseases generally among children and adults.

Another, and an important cause, is the irritability of system consequent upon dentition. A child who has previously been very well and strong may break down most suddenly while undergoing this ordeal (dentition), especially in the summer months, and very careful attention on the part of physician and nurse is then required to carry the little sufferer through the attack.

Statistics show that the ravage, bowel complaint, is apt to

sweep off nearly twice as many little victims the first as it does the second year of life; and during the whole period from two to five years of age, the mortality is about one-eighth that of the first year; after the fifth year the danger from this source rapidly dwindles away. Some authors claim that the disease is most apt to occur in feeble and delicate children and in those of nervous irritable temperament. That a predisposition to diarrhœic disease is inherited from one or both of the parents, is an established fact. Still other exciting causes are such as being chilled by night air, or by a sudden marked change in the temperature of the weather from hot to cool. Improper feeding, namely, too much and too often, in fact, whenever the child worries, to still its cries, instead of striving to amuse and entertain the little one, is a most frequent cause. Nor must we forget that other cause, that bane resulting from hot weather, *sour milk*. Suddenly chilling the system by drinking cold water, eating ice cream when overheated or after intense or long-continued thirst, must be carefully guarded against. Uncleanliness is another cause, and so also is too frequent washing; one thorough bath a day is amply sufficient for the most robust children; careful sponging and immediate change after each time soiling is sufficient. Everything that tends to decrease the strength (as does too frequent bathing), especially disease and debility, increases the predisposition; hence, patients convalescent from other diseases are very liable. It is asserted that one attack of real cholera usually protects the individual from a second siege.

The period of incubation is in real cholera from two or three days to a week.

Symptoms, Course, Duration.—The first of these, *i. e.*, the first symptom, is in almost all cases a *diarrhœa*. Would that the importance of this one fact could be indelibly impressed upon the mind of every man and woman, mother, nurse, and physician. In all times of epidemic, or even when the season of the year, or state of the weather, or the locality of sojourn is favorable to the development of this disease, *let the appearance of a diarrhœa, no matter how slight, be a note of warning that the dread invader is en route, and that a violent onslaught is liable at any moment.* Never, at such times, let this premonition be neglected or trifled with. Seek to cure it at once by removing the cause, if any can be discovered, and by administering the proper homœopathic remedy. Many and many a case has terminated fatally because the incipient diarrhœa was regarded lightly, as an affair of trivial importance,

that would soon pass away of itself if let alone or if treated with some simple domestic remedy, which proved, alas, wholly inefficacious. Most physicians owe their exemption from developed cholera to their promptness in treating every diarrhœa occurring in themselves. This prodromal diarrhœa may continue from a day or two to as many weeks. In some epidemics this is partially or wholly absent, and cholera may precipitate itself upon a patient without any previous warning. The attack usually comes on at night, accompanied by more or less stupidity, prostration, and chilliness from the onset. We recognize three distinct stages, as follows: evacuation, collapse, reaction.

The reigning characteristics of cholera are prostration, copious watery diarrhœa, vomiting, external coldness of the body, intense thirst, cramp in the legs, retarded or entirely suppressed flow of urine, mental indifference, collapse. Of these the diarrhœa appears first; vomiting sooner or later succeeds. The accompanying symptoms just mentioned may occur anywhere in the course of the attack, increasing in intensity to a fatal termination, or until happily the disorder be stayed. The stools, at first dark and mushy, soon assume the characteristic "rice-water" appearance; there is an abundance of borborygmi, and but little or no pain. The fecal discharges during twenty-four hours vary in number from three or four to fifteen or twenty, each discharge being succeeded by extreme physical prostration. The diarrhœa is voided with the utmost ease, sometimes bursting forth as if squirted from a syringe. It is very copious, thin, inodorous, and colorless, like water, sometimes containing minute whitish flocculi, saturating the patient's clothes, and sometimes soaking through all the bedding, or in the case of a child, the lap of the person holding him. Sometimes these discharges are grayish, yellowish, or brownish in color, and they may have an odor varying in degree from being very slight to the most extreme fetidity, so fetid, in fact, as to induce nausea and vomiting in those present. "The old name cholera itself shows that cholera morbus should not be mistaken for the Asiatic disease; for, etymologically, cholera means bile-flow, and it is just the bile which is absent in the colorless rice-water stools of Asiatic cholera."

Vomiting is generally the next symptom to appear, though it may be entirely absent in fatal cases even. This requires as little effort as the diarrhœa, it seeming to be an involuntary overflow, which may occur several times in rapid succession,

in great profusion, succeeded by the usual prostration. At first the vomited matter consists merely of the ordinary contents of the stomach, but later it becomes thin, and it too has the "rice-water" appearance, or there may be a greenish tinge. The stomach attains such irritability that it immediately rejects whatever may be taken, especially water; sometimes all ingesta pass right through the patient partially or wholly unchanged. After one spell of vomiting and diarrhoea, and the two acts may occur simultaneously, or after several paroxysms closely following each other, there may be a season of cessation, during which the patient lies perfectly still in an apparently exhausted state; after the lapse of one or more hours the same scene is enacted over again. Now may come the intense and agonizing thirst, and the tongue is coated white. Water is continually demanded and is partaken of in large or small quantities each time, the patient wildly snatching the tumbler or cup and literally pouring it down, oftentimes only to cause instantaneous vomiting. This torturing symptom, the excessive thirst, always follows loss of water from the blood, whether induced in fevers by the increase of insensible perspiration, by sweating, or by increased secretion of urine. This loss of serum of the blood, the patient constantly losing fluid but gaining none, is the dangerous consequence in cholera. Thus the blood, deprived of its natural amount of water, seeks for fresh fluid supply and absorbs all the water contained everywhere in the tissues, including the serous exudations of the pleural cavities, or within the synovial membranes of the joints. "In spite of the patient's drinking constantly, the loss of fluids so far exceeds the supply that he may lose one-fifth of his weight in a few hours. . . . The thickening of the blood explains the drying up of all the secretions, of the saliva, tears, sweat, and urine, just as well as it does the absorption of the interstitial fluids; the blood actually does not contain the material for these secretions." The blood becomes thick and dark, and even semi-coagulated, thus impairing, if not entirely preventing the circulation of the capillaries. As soon as this takes place in the capillaries of the heart-muscle, we notice the characteristic feebleness and faintness of the heart's impulse and sounds, feeble, faint pulse, etc. Paresis of the heart inducing death is the result.

As before stated, the fecal discharges are not usually attended with any degree of pain. Cramps of the most distressing nature occur in the extremities, however, particularly

in the legs, though cases happen where these cramps are not present. The abdomen becomes flaccid, or perhaps hard and retracted; the skin everywhere in the body loses its elasticity, and if pinched the fold will remain. The flow of the urine is diminished at an early or later stage, according to the loss of fluid from the blood, continues decreasing in proportion as the attack grows more severe, and may finally cease entirely. The pulse weakens, and in severe attacks is almost or wholly imperceptible; the same is true of the heart-beats. The stronger the pulse the more hopeful the prognosis. Coldness of the surface of the body now sets in; first of the hands and feet, then of the face, and gradually extending over the whole body. The breathing is irregular and imperfect; the voice becomes weak and husky or hoarse—*vox cholericæ*. All the above symptoms follow each other more rapidly in children than in adults. The debility consequent upon the choleraic dejections and cramping pains is very great, and the patient lies in a state of apparent indifference. Notwithstanding this condition of collapse, though the skin may be icy cold, the pulse and heart-beats imperceptible, the cheeks blue and hollow, the nose pinched, the tongue pointed, and the eyes closed, full consciousness may remain, and if spoken to the patient will answer correctly.

The symptoms as given above form a very complete picture of true cholera in its gravest form; the order of their appearance has no fixed regularity. An attack may be experienced varying in intensity from a light diarrhœa to the above fulness. In the stage of reaction the profuse discharges diminish in quantity, and show the presence of bile, becoming greenish or brownish, and later of more consistence; the pulse begins to regain its strength and the heart its regularity of action; the body gradually becomes warm; the cramps cease, etc., and there is gradual restoration to health. During the reaction may appear the cholera eruption, beginning on the hands and feet and extending toward the body. This only lasts three or four days and is seldom fatal. Of the complications or sequelæ not much need be said, for the reason that under careful homœopathic treatment united with proper hygienic surveillance and surroundings from the start, complications or sequelæ should hardly ever occur. Only in cases where there is debility from previous sickness, and where there is a want of resistance on the part of the system, they may forge ahead in spite of our utmost endeavors to the contrary. A typhoid state is the most common sequel which, under the above cir-

cumstances, the disease may drift into, or it may occur during convalescence. More rarely there is a diphtheritis of the lining mucous membrane, including the genital organs in females; pneumonia, pleuritis, or dysentery may ensue. In pregnant women miscarriage generally occurs.

Diagnosis.—It would seem as though a mistake in the diagnosis could hardly be made, and yet a few words of caution may not be out of place. Of course the presence of the characteristic symptoms enumerated, appearing during an epidemic or at a season when there are many known cases about, very strongly presupposes an attack of cholera. But in exceptional cases we should be on the *qui vive* against being misled by a case of poisoning. Arsenic, Antimony, or Corrosive sublimate, or the eating of mushrooms may induce symptoms very similar to those of cholera. A burning pain in the œsophagus and stomach before vomiting is a symptom induced by acrid poisons; the fecal discharges are less copious, are bloody and attended with tenesmus; reddened surfaces or ulcers may be found in the mouth, and other well-known symptoms of differentiation. Poisoning caused by fungi usually considered edible, as in the case of common mushrooms, is characterized by violent gastro-intestinal symptoms, which bear a close resemblance to those of cholera in the stools, vomiting, insatiable thirst, coldness of the body, and general appearance of the patient. Many cases on record clearly prove that the warming up a second time of dishes containing mushrooms very frequently leads to illness; therefore let this fact be well borne in mind.

Prognosis.—Great points of value here are the age, previous health, special character of individual epidemics, etc. While youth, good health and a robust constitution favor the chances for recovery, early childhood and old age, previous ill health, exhaustion at time of attack, debility, a dissipated life, etc., increase the danger in proportion as the system suffers a diminution in power of resistance. Bad hygienic conditions of any kind, such as residing in a section where the disease runs rife, exposure to active germs, as in cleaning strongly infected vaults, etc., go far toward increasing the danger. The statement that there is less danger of contracting the disease at the end than at the beginning of an epidemic, has proved unwarrantable, numerous exceptions having been repeatedly observed. Of those persons remaining in an infected district, some may become impregnable to an attack; and one attack during an epidemic may fortify the sufferer

against repetition. "Symptoms of grave import are very profuse and violent discharges, especially if involuntary," if mixed with mucus or blood, or if accompanied by tenesmus, "rapid prostration of strength, great feeling of anxiety, pronounced cyanosis, shrivelled cold skin, covered with a cold sweat, pulse at the wrist very small or entirely gone, absence of the second sound of the heart, etc." In infants, early age, recent weaning and improper artificial diet are unfavorable. (See extract from Dr. Moore's paper at beginning of this article.) If in any attack, coma, rigidity, paralysis, or convulsions, as in case of children, supervene, there is not much hope to be held out. Favorable symptoms are: a moderate attack, clear mind, good pulse, though it be weakened, normal condition of the heart, etc. In reaction we should feel suspicious of imperfect and irregular restoration of heat, insufficient pulse, troubled consciousness, sopor, continued anuria, involuntary discharges, etc. In cholera, typhoid and uræmic symptoms are always critical.

Treatment.—It has been and still is thought by many that the spread of cholera can be arrested or prevented by isolation. Authorities differ on this point. Thus, according to Ziemssen's *Cyclopædia*, it heedlessly leaped over all the lines of isolation. The same authority states, however, that quarantine should be insisted upon, and attempts should be made for shutting out this disease, and all unnecessary travel and commerce, and all assemblies of crowds, etc., should be forbidden during a cholera epidemic. According to Hahnemann and Niemeyer, on the contrary, quarantine and "locking up" measures, or complete isolation, are found to afford full protection *when energetically and perseveringly carried out*. The first patients who sicken should be set apart as much as possible. Good hospitals, erected for their reception, should be so situated as to be easy of access, and yet sufficiently removed from great centres of population. The streets, places, yards, cesspools, dirty gutters and houses ought to be perfectly cleaned; all stagnant waters drained off, and all excrement removed from the vicinity of dwellings; fresh or decomposing garbage should be immediately carted away. Market-houses should be under rigid surveillance, and all unripe or decaying fruits and vegetables, or tainted meats should be promptly removed. Dwelling-houses should be thoroughly cleaned, and the drainage-pipes disinfected.

The purpose of disinfection is to destroy the germs wherever they may be supposed to find a lurking-place. There is

a most important and not sufficiently recognized difference between disinfection and the destruction of odors. Doing the latter by no means implies the success of the former. *True disinfection should reach and totally destroy the cause.* The only thoroughly reliable disinfectant is sufficient heat, but unfortunately this cannot be applied in all requisite cases. Experience seems to point to Carbolic acid as yielding the next best results, as an antiseptic and antimycetic agent. For water-closets, three to six ounces of the acid dissolved in as many pints of water should be daily thrown down the pipes. Chloride of lime destroys bad odors but has little effect on the germs and seeds of parasites. Always include an abundance of good and free ventilation. Good drinking-water is of course a *sine quâ non*; this should be thoroughly boiled before using, as also should *milk*. Many children doubtless contract the disease by becoming infected with milk contaminated by impure water. Therefore, as before stated, boil thoroughly the milk. An abundance of good and healthy food should be allowed and insisted upon, including fruits, omitting such as are forbidden, *fresh, ripe vegetables*, and good meat, excepting veal and pork. Regard with suspicion and fear the least approach to diarrhœa. Avoid religiously all "sure cure" quack remedies. The health of all those congregated in manufactories, schools, infirmaries, barracks, hospitals, prisons, etc., should be carefully looked after daily, especially if diarrhœa appears among them. In hospitals, if possible, separate severe cases from light ones, and the convalescent from fresh cases.

For individual protection, flight from the scene of danger is of course the surest method; but to those remaining, the following observances are highly important: avoid catching cold, disturbances of digestion, errors in diet, all food that is difficult of digestion and all manner of food and drink that tend to produce diarrhœa, excesses of all kinds, particularly in the use of liquors, and mental disquietude. "The foolish assertion, that these rules are useless, as many persons who are careful of their diet are taken sick while others who live carelessly escape, should be answered with rational arguments, and persons who are susceptible to reason should be shown that no one knows that he is not already infected with cholera, and that the impending attack will certainly have a very severe course if some other injurious influence beside the cholera-poison be acting on the intestinal canal." At the beginning of a diarrhœa the patient should be put to bed, and

kept there, well covered with woollen blankets, and no exertion whatever permitted; mind and body must be kept in full repose and quietude.

Dr. C. Hering recommends for prevention to sprinkle half a teaspoonful of finely precipitated Sulphur in each stocking, and repeat twice a week. A few doses of Sulphur in a high potency would probably act as well. On account of the danger of stagnation in the capillary circulation of lungs and heart, Dr. Raue says the patient should be urged from the beginning to breathe as deeply as he can, in order to keep up a lively circulation—feeding the blood with as much oxygen as possible. Dr. Hahnemann says the best preventive is a globule of Cuprum^x taken once a week in the morning fasting, not drinking anything immediately afterward. And *en passant* we may remark, that workers in copper are never afflicted with cholera. Useless contact with patients and unnecessary visits to houses where cholera prevails, should be avoided. If a number of cases occur in any one house, the remaining inmates should be ordered out. During an attack secure pure air for the sick-room, remove promptly the excreta, pay strict attention to cleanliness and rest. Urge on those attendant upon the patient composure of mind and abstinence from all demonstration of grief.

As teething children are especially prone to gastro-intestinal disturbance, it would be well for obvious reasons to have them pass the heated term by the seaside or in the country. If possible let them nurse through the second summer. Children should not be dressed too warmly at this season. A light gauze flannel shirt, a muslin petticoat and frock, and light socks, with the addition of a light flannel petticoat if a cool day comes, are sufficient. Be careful that they are kept warm during the night, and that they are properly nourished at all times. "Babies cool quicker and more by night than adults; they die sooner, too, in algidity from starvation. 'A depression of temperature in infancy is of more immediate practical significance than the slighter elevations, since it points at once to the want of a better nutrition.' We know food to be the main source of heat, and an equality of temperature to depend principally from a regular supply of wholesome food. Therefore, we will look towards bad feeding whenever we meet with apyretic temperatures in the young. Two hours when awake, and three when asleep, must elapse after a full meal to influence the temperature of a healthy child."—(*Seguin.*)

Let clinical thermometers be used then, and let the causes of all departures from the normal (infantile 99.8°) be noted and corrected.

Let children be in the open air as much as possible, particularly in the early morning and toward evening. Their bedrooms and playrooms should be large, airy, and accessible to ample sunlight; avoid all dampness. An open chimney or fireplace secures one good medium of ventilation. Allow them, order and insist upon their having, plenty of pure cold water to drink and pieces of ice to melt in the mouth. Infants in large numbers sicken from no other cause than an insufficiency of water to drink. Offer it to them very frequently during the day. There are many good water-filters now in the market, and every family should possess one, and all the year round drink only filtered water. Choleraic stools should never be thrown into a common privy. It is well not to let a cholera patient leave his bed until he has had a well-formed stool; always keep him as quietly as possible in a recumbent position.

Washerwomen in their work upon the soiled linen of cholera patients are very apt to become attacked by the disease unless they use proper precautionary measures. The linen to be disinfected should be put into dry ovens, and baked thoroughly at a temperature of 212° Fahr., or should be subjected to the fumes of burning sulphur in a perfectly close room, then thrown into boiling water and well macerated before being sent to the wash. Or it may be sprinkled with a two per cent. solution of Carbolic acid before the boiling. The longer infected bed linen or clothing remains unwashed the more dangerous it becomes. Exposing such linen or clothing to be "aired" offers an opportunity for the germs to proliferate. It is most dangerous for the inmates of a house, if the evacuations of a cholera patient are emptied into a water-closet, privy, or a cesspool, or thrown on a dunghill, as all such places greatly favor the development and increase of the *seminia morbi*. The discharges should be quickly removed, mixed with Carbolic acid or Carbolized soda and buried, or better still, mixed with shavings or sawdust and burned. This kind of cremation is thoroughly advisable.

The skill of the physician employed to encounter this formidable disease and to combat its unfavorable influences is of the highest import. The true homœopathic disciple, well read and well practiced in obeying the laws of Hahnemann as laid down in his *Organon of the Healing Art*, who, in un-

swerving loyalty to those laws, diligently seeks for the single *similimum* remedy for the individual patient, and applies it correctly, ceasing its repetition at the proper time of improvement, is, above all others, the man to be sought for and trusted in by the anxious mother or devoted wife, and by the faithful father and husband. I do *not* speak prejudicially or unadvisedly. Accurately kept statistics prove beyond cavil that the percentage of cases permanently cured, and wholly free from typhoid or any other complications or sequelæ, is largely in excess in favor of the pure homœopathician over the unenlightened and halting allopath. To any who may be doubtful on this score, I only say, "Try for yourself and see." Hahnemann, at the close of his article on the Mode of Propagation of Asiatic Cholera, uttered the notable prophecy which has since reverberated from all quarters of the globe in testimony of its truth, "DIXI ET SALVAVI ANIMAM."

ARSENATE OF SODA.

(A series of papers presented to the Homœopathic Medical Society of Pennsylvania.)

RECOLLECTIONS OF THE PROVING OF NATRUM ARSENICUM.

BY. J. G. THOMPSON, M.D.

Mind and Disposition.—Feeling of nervousness all through the body. Feeling of gloom; want to sit quiet. Confusion, and want of power to concentrate the mind on any subject.

Head.—Dull aching pain in the frontal region on awaking in the morning. During the day severe pain in frontal region. Every motion jars the brain. Aching across the brow, over the orbits, and in the balls of the eyes. Face feels hot, and looks flushed at times.

Eyes.—Eyes congested. The eyes and orbital region much swollen. Agglutination of the lids on awaking in the morning. Eyes sensitive to the light. Eyes smart as if from wood-smoke. Edema of the orbital region. Inability to open the eyes as wide as usual. Disposition of the lids to close. Inner surface of lower lid distinctly granular in appearance. Severe pain in the orbits and orbital region. The whole orbital region much swollen, and the bloodvessels of the ball and lids much congested. Smarting and lachrymation on going into the open air. Sight weakened.

Nose.—Dull aching at the root of the nose. Nose stopped up, right nostril most. Must keep the mouth open to breathe

during the night. Discharge from the nose very profuse, commencing clear and watery, gradually becoming thicker, till finally it is tough and yellow. Thickening of the nasal mucous membrane; can inhale air, but have difficulty in exhaling. Yellow tough mucus drawn by inspiration and hawking from the posterior nares. Sneezing brought on by inspiration of cold air.

Face.—Face flushed and hot; feels puffed. Heavy aching pain in the ethmoid bone. Malar bones feel large, as if swollen. Muscles of mastication feel stiff, and motion of the jaw is painful.

Mouth and Throat.—Thirsty, dry, stiff feeling in the fauces and pharynx. Hawking of tough yellow or grayish mucus. Thickening of the uvula, tonsils, and pharynx; irregular on the surface, swollen, purplish-red, and covered with an abundance of yellowish or yellowish-gray mucus. Soft parts of the throat thickened. Difficulty in modulating the voice. (The thickening of the mucous membrane of the fauces and pharynx did not entirely disappear for more than six months after I stopped taking the drug, but there was no soreness felt at any time.)

Chest.—Feeling of fulness and oppression in the chest. Dry cough. Cough looser, but no expectoration. Sharp, quick pain in the anterior part of the chest, below the seventh rib. Soreness and oppression in the chest; worse on taking a deep inspiration. Tenderness on pressure in the supra-clavicular region. Lungs feel full and clogged. Respiratory sound very indistinct.

Stomach and Abdomen.—Tenderness in the entire epigastric region, most marked immediately below the ensiform. Pain through the abdomen. Bowels relaxed. Frequent passage of flatulence. Feeling of nausea. Vomiting of large quantities of sour water. The odor of food is pleasant, but on attempting to eat, it produces vomiting of very sour fluid.

Back.—Severe pain between the scapulæ, causing an inclination of the shoulders forward for relief, felt at every inspiration, and gradually passing around below the point of the right scapula, to a position on the right side of the chest, below the ninth and across the tenth rib; soreness commencing at the lower cervical vertebra, and extending as far down as the points of and under both scapulæ. On taking a deeper inspiration than usual, a stitching pain is felt in the space between the scapulæ.

Urinary Organs.—Dull cutting pain, lasting about five

minutes at a time, and coming about every half hour, is felt along and about the length of Poupart's ligament, occurring on both sides at the same time. After the subsidence of the pain, a sickening sensation is felt in the left testicle, as if caused by a blow, and lasting about ten minutes. During the time this sensation lasted the testicle was extremely sensitive to the touch even of the clothing, but this sensitiveness passed away each time the pain subsided. Urine light-colored and increased in quantity.

Extremities.—Sharp stitches along the palmar surface of the fourth metacarpal bone, between the carpal and phalangeal bones, felt in both hands, but not in both at the same time. The lower extremities feel heavy. On commencing to move, pain and soreness in the right knee-joint. Dull pain on the inside of the popliteal space of the right leg, accompanied by a disagreeable feeling through the muscular part of the posterior portion of the leg, which passed off while walking. Cramp in plantar surface of right foot. Aching in the anterior part of the thigh, extending to the leg and ankle, beginning slightly, and growing worse till a restless uneasy feeling was produced.

Heart.—Pulse irregular, variable in volume, and slower than usual. The sounds of the heart are heard through nearly every part of the chest. Can feel the beating of the heart through the chest distinctly.

I have prescribed Arseniate of soda more frequently for affections of the eyes than for any other complaint for which it appears to be indicated. Have used it for granular eyelids, for chronic inflammation of edges of the lids with agglutination, and for conjunctivitis. The effect has been so gratifying that I mostly use it now where formerly I gave Bell. or Puls. I think that I have secured the best results from it in chronic cases, or cases that have been badly treated at the start. Have used it with most gratifying result in the following case:

Mrs. M—— came to my office in June of this year. She has been subject to attacks of acute tonsillitis, usually having several attacks during the winter. The last one, which occurred in March, left her throat very much swollen, and she has suffered from it ever since. She has been using Bichromate of potassa as a wash. The whole of the fauces and upper part of the pharynx are swollen, of a dark-red hue. The tonsils are greatly enlarged, and the uvula elongated; the parts were covered with patches of dirty-looking mucus. Constant dry sensation as if something was lodged in the

throat; at times feeling as if there was a pin sticking in the throat; at others a feeling of a lump, always worse in the morning. I prescribed Hepar sulph. without effect. I then gave Lachesis, but still no change. I now gave her Arseniate of soda, the attenuation being one higher than what I took ($\frac{1}{10}$ th) while proving the drug, five pellets to be taken every three hours. At the expiration of a week she reported much improvement, but still considerable swelling. Continued the drug, a dose every four hours. At the end of three weeks her throat was well. The swelling had all disappeared, except some enlargement of the tonsils, resulting from their being frequently lanced.

SECONDARY SYMPTOMS OF NATRUM ARSENICATUM.

BY J. C. KING, ALLEGHENY, PA.

It is now two years since I engaged in the proving of the Arseniate of soda. Many of the symptoms produced in me wore off very gradually; some few have persistently remained. The skin symptoms disappeared soon after the drug was discontinued. No mental symptoms have been observed, in my own case, for eighteen months or more, but I notice that prover R. R., with whom I am associated, has never fully recovered from the nervous restlessness and loss of power of concentration. The head symptoms have occasioned no inconvenience for many months. Ever since taking the drug the respiratory mucous membrane has been unusually sensitive to the influences of cold and irritating dust or vapor. Every day for two years I have hawked up more or less thick white mucus, while thick yellow mucus has been discharged from the posterior nares. These symptoms are aggravated by the inhalation of dust, smoke, etc. There is a tendency to the formation of dry crusts in the nose; when these are removed blood follows. There is a pretty constant compressive pain at the root of the nose. After a trifling exposure to cold my throat assumes the red puffy appearance noticed at the time of the proving; no pain accompanies this condition. The action of the drug on the eyes was very marked at the time the proving was made, and the symptoms have since been so persistent that I fear the results are permanent. The eyes feel constantly weak, as if the lids must be kept closed to protect the ball. The conjunctiva seems dry and painful. When reading or writing, the eyes soon become tired and painful. A slight exposure to cold or wind produces congestion of the

conjunctiva. After looking at an object a short time it becomes blurred and indistinct; the eyes are very sensitive to light. All the eye symptoms are worse in the morning, become gradually less severe, and disappear towards evening. The eyes do not suffer especially from artificial light. The abdominal symptoms have not been prominent for some time; however, the bowels have not been regular since the proving, they are alternately relaxed and constipated; gas accumulates very rapidly, producing pain, which is only relieved by a motion of the bowels or escape of flatus. The neuralgic pains in the lower extremities have returned at intervals, apparently without any exciting cause; they appear chiefly in the left thigh, leg and foot, and the nerves supplying the flexor muscles are alone affected. I have used *Natr. ars.* in dispensary and private practice in cases of catarrh and conjunctivitis. In catarrh it has proved curative to pain in the forehead and root of nose, dry bloody crusts in the nose, dropping of tough mucus from the posterior nares, and hawking up of mucus from the larynx, all aggravated by dust, smoke or cold. In acute cases of conjunctivitis I have not been successful with the drug, but after the fever has subsided, and when the case tends to become chronic, when the membrane is injected with blood, with, perhaps, small rugæ running over it, when the whole eye is dry and painful, or when the eyes are simply weak, and only exhibit the above symptoms when freely used, especially if the symptoms are worse in the morning, as is often the case when the eyes are subjected to night-work, I have found *Natr. ars.* to be the right remedy.

Nearly two years have elapsed since the proving of the Arseniate of soda. The symptoms caused by the drug disappeared entirely soon after I ceased taking it, except those of the nose, fauces and chest. These have been quite persistent since the proving, and are as follows:

The nasal mucous membrane is dry, the mucus becomes tough, hard and sometimes when dislodged causes bleeding. From the posterior nares there is a dropping of mucus which at times collects in a tough and very tenacious mass, causing considerable hemming and hawking to dislodge it.

The fauces feel dry on inspiration and on deglutition. The dryness worse in the morning, and always after a cold.

In the right side of the chest, beneath the cartilages of the fourth and fifth ribs, where irritation, pain and soreness occurred when proving the medicine, there is an uneasiness,

which on any physical exertion occasions a teasing sensation, producing a dry hacking cough and slight soreness, but never any acute pain. These symptoms are aggravated by deep inspirations, by dust and a close atmosphere.

During the past twenty-one months I have prescribed the Arseniate of soda for catarrhal troubles of the nasal mucous membrane, fauces, trachea and bronchi, and have verified many of its pathogenetic effects in the cases benefited.

The class of cases in which I have used it were characterized by the following symptoms: dull supraorbital headache; a feeling of fulness of the head and face; eyes heavy, and at times soreness of the eyeballs; burning of the eyes, and more or less congestion of the conjunctiva; watery discharge from one or both nostrils, or stoppage of the nose; dryness of the fauces; dry cough; worse in the morning.

Have prescribed the Arseniate of soda less frequently than I should have done, and have not been as careful in the observance of the results as I should have been, being one of the provers, but before closing this paper I will here state that I have seen it prescribed by the consulting physicians in a very severe case of diphtheritis with a most happy result. The patient, my wife, aged thirty years, dark complexion, black hair and eyes, nervous temperament and scrofulous habit, had been sick three weeks. During the first week she improved rapidly under the influence of Lachesis and Protoiodide, but leaving her room too soon, suffered a relapse, the membrane again appearing on the left side of the throat and spreading to the right. The same remedies were given with good results, when a second relapse occurred. This time the deposit appeared on the right side and spread to the left. Several remedies were given without any apparent effect. Toward the end of the third week the following symptoms were present:

The throat was œdematous and of a purple color; tonsils and fauces much pitted. At the bottom of the pits portions of the diphtheritic formation. Tongue yellow-coated; no appetite; some obstruction of the posterior nares; nasal sound of the voice; the surface of the body cool, and covered with a cold clammy perspiration; the feet cold; oppression about the heart, especially on the least exertion. The infant, three months old, was not permitted to nurse on this account. Pulse feeble, quick and intermittent; a wish to be let alone and mind without hope.

At this stage the Arseniate of soda was exhibited in the

tincture. Improvement commenced immediately, but was gradual.

Two months afterward the sequela—partial paralysis of the muscles of deglutition and of the extremities,—entirely disappeared under the combined influence of the country air, nourishing diet and Gelsemium.

O. R. SHANNON.

Two years have elapsed since I entered upon the proving of the Arseniate of soda. Many of the symptoms noticed while taking the drug have disappeared. Those which remain, or which have reappeared from time to time, will be mentioned under their appropriate headings. And any symptoms which have been verified by clinical experience, so far as I have used it, will be noted.

Skin.—The rash noticed during the proving has made its appearance on the face and neck at irregular intervals since, but has not remained long at any one time. A squamous eruption (not noticed either before or while taking the drug) has appeared on the chest along the sternum. The scales are quite thin, whitish, and when removed leave the skin slightly reddened. When the scales are allowed to remain the parts covered by them become itchy, especially so when warm from exercise.

Mind and Disposition.—Am more restless than was formerly my habit, so much so as to be noticed by others. Not so cheerful as before the proving. At times feel irritable, and then have not the usual desire for study, although the mind seems clear and the memory as usual.

Head.—The headache experienced while taking the drug passed off soon after I ceased taking it, and has not at any time since reappeared.

Nose.—Since the taking of the drug have been troubled with nasal catarrh. The nose feels stopped up all the time, but is worse at night and in the morning. During the day there is very little discharge from the nose, but a feeling as though the mucous membrane was swollen. In the morning the nose feels stopped up, and pieces of hardened bluish-colored mucus are blown from it, after which the mucous membrane feels sore and raw. I take cold much easier than I used to.

Eyes.—My eyes became sound as usual about seven or eight months after I ceased taking the drug, and have remained strong and well since.

Stomach.—The tenderness of the epigastrium noticed during

the proving remains in a moderate degree. Have had frequent attacks of indigestion lasting several days at each time. At such times the stomach feels sore, and anything warm or heating causes a sensation of burning, and can be sensibly felt immediately on entering the stomach. Previous to engaging in the proving I had not experienced any tenderness or pain in that region.

Extremities.—The neuralgic pains produced by the drug reappeared frequently during the first year. At times they were quite severe, and would remain for several days at each return. Recently they have not given me any trouble.

Clinical.—I have not used the Arseniate extensively, but have had good results from it in recent catarrhal affections and in diphtheria. In affections of the air-passages I have prescribed it successfully for dry cough with an oppressed feeling of the chest, short dry cough without expectoration, lungs feel as though smoke had been inhaled, nose dry and obstructed, and when the patients expressed their feelings by saying that they felt stuffed up. I have not prescribed it for fluent coryza, and consequently cannot say anything definite with reference to its curative powers in such cases. I have seen a remarkably prompt result from its use in a case of malignant diphtheria, which will be described at length in a paper by one of the provers.

R. RAMAGE.

POSTURE IN LABOR.

BY J. H. MARSDEN, A.M., M.D., YORK SULPHUR SPRINGS, PENNSYLVANIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

WHAT is the best position for a woman in labor, is a question which has given rise to much discussion, and is still *sub judice*—undecided. Indeed, so strong is national and individual predilection in regard to this subject, that it seems impossible to discuss it with anything like impartiality.

In the first place, there is no position which can properly be indiscriminately adopted in all cases of labor, and especially to be assumed in the beginning and maintained throughout the whole process. The peculiar condition of the woman in all respects is to be regarded in our selection, and even her whims, when not unreasonable, or not incompatible with her own safety or that of her offspring, or the convenience of her attendant, are not to be wholly ignored. The indications to

be fulfilled by posture in labor are the following: 1. To bring the direction of the expulsive force into accord with the axis of the parturient canal, and thus avoid any unnecessary expenditure from obstruction. 2. To allow free action to all the organs concerned in the process of parturition. 3. To husband the resources of the parturient woman. 4. To promote the safety of the mother. 5. Also that of the child; and, 6, the convenience of the attendant.

In the early stage of labor, indeed nearly up to its close, unless there be special reasons to the contrary, I am in the habit of allowing the patient to assume whatever position may be most agreeable to her, and to change it as often as she may feel inclined. This greatly relieves from the tedium of labor. It husbans the strength, by saving her from that uncomfortable feeling of fatigue which always follows an attempt to maintain for a long time any one attitude, whatever it may be. The strength and activity of the organs concerned in parturition are preserved by agreeable and frequent changes of position. If the patient be strong and so inclined, it is perhaps better for her to remain out of bed as long as labor is but little advanced. She may occasionally stand upon her feet, supported by the bed-post or other secure object, or even step about the room, provided she refrain from all movement during the existence of a pain. If she walk about while the pain is on, the voluntary muscular exertions greatly detract from the energies of the womb, and, if considerable, render its efforts almost nugatory. The patient, therefore, if stepping about, should always stop and lay hold of some firm object the moment she feels the pain coming on; let the womb enjoy, so to speak, her whole nervous energies. Most women think their "pains" are rendered more active and efficient by pursuing a course such as above indicated.

Some patients, however, who are feeble or very helpless from the size and weight of the womb, prefer to lie down from the beginning. In such case they should enjoy the same liberty to change position as if out of bed, always taking into account, of course, any peculiarity in the condition of the woman, or in the position of the fœtus in the womb. As the patient turns from side to side, if the abdominal tissues be lax, and the uterus, with its contents, very heavy, the fundus is apt to tilt in such a manner as to bring the axis of the womb not in accord with the direction of the expelling force. When this happens, the energies of the womb are all expended at disadvantage. This inconvenience may be partially obviated

by applying a binder around the patient's abdomen, or, better still, by the hand of the accoucheur applied to the womb, and raising the fundus till the line of its contractile force is in accord with the long diameter of the uterus. Tyler Smith has contrived an apparatus, adjustable by straps and buckles, which would probably answer this purpose, but it is too complicated and too expensive for common use.

Most practitioners will probably agree in the views thus far expressed. Difference of opinion manifests itself principally with regard to the posture in the last stage of labor. Here we have advocates for the position upon the left side, upon the back, and upon the knees.

Here again we must not be too exclusive or sectarian. The hand of the accoucheur should be so trained that he may not be at fault when any posture to which he is not accustomed may seem to be necessary for the well-being of the patient or the child.

In England, and amongst the older practitioners of this country, the position upon the left side during the last throes of labor is very generally preferred. It admits of the most easy and natural use of the left hand, which is, *par excellence*, the obstetric hand, as its curve is so beautifully adapted to the curve of the pelvis. His left hand should, therefore, be trained by every young man who intends to practice midwifery. This does not require left-handedness in the ordinary operations of life. On the contrary, the left hand may be so trained that we instinctively employ it in obstetric operations, while we use the right to hold the pen and for other similar purposes. Throughout the whole course of labor, too, that upon the left side is the best posture for the performance of digital examinations, unless we occasionally prefer that upon the back to ascertain the exact degree of rotation of the head.

The same preference may be given to this posture with reference to the safety of the child. When thus delivered it is more easily removed out of the way of any danger from accidental or involuntary movement of the patient's limbs, to say nothing of the greater freedom of the head, in performing its last acts in the process of birth, namely, extension and restitution. Finally, this posture is, so far as I have observed, most *agreeable* to the patient of any that can be assumed in bed.

In France the parturient woman is placed upon her back, and, by way of imitation, the same practice seems to be growing into favor with some in this country. To say nothing

of its immodesty, I cannot see any advantage it possesses over that upon the left side, and it is certainly a much more inconvenient one, unless habit alone may make it otherwise. Access to the patient is indirect, as we have to reach over the thigh and twist or bend the arm to introduce the fingers into the vagina, unless we assume a position so face to face with her as to be certainly offensive to any modest woman. The handling of the child, too, in the act of being born, I should consider much more awkward, to say nothing of its safety. Unless the pelvis be raised by something placed under the back, the os coccygis must so press upon the bed as to interfere with its movement. The same cause may also interfere with extension of the head and with the movement of restitution after it is born.

I observe some women, when deeply under the influence of chloroform in labor, incline to throw themselves upon the back, and it is by no means easy to correct this tendency. It is, probably, owing to the fact that this decubitus allows them to rest upon the largest surface, and therefore requires less effort to maintain the position. It is, therefore, proper that all using chloroform should acquire that peculiar kind of dexterity necessary for the safe delivering of the child in this position.

Some women think that they can "help themselves" best standing upon the knees. This position is said to be the favorite one amongst the miners of Cornwall, England, and is quite in vogue amongst the descendants of continental Europeans in some parts of this country. While this practice, as it prevails in some rural districts, seems to be a very beastly one, it should not be discarded by the scientific practitioner without deriving from it any advantages it may be capable of affording. It is probable that uterine action is more energetic with some in this position than when lying down. It may be that the weight of the womb and its contents pressing toward the outlet may have some stimulating effect, so as to give greater energy to the pains, or to arouse them when they are dormant or sluggish. We think we have witnessed several cases that went to establish this. To give a solitary instance: I attended a patient, a few months since, who had given birth to her last child upwards of eleven years before. The labor made no progress for several hours, although the os uteri was fully dilated, and the soft parts completely relaxed. She was well formed. I had attended her in several previous labors, and never experienced any trouble.

All that was wanting in this last was energetic action of the womb. Tired of waiting, while yet the head had scarcely begun to dip into the upper strait, I directed the nurse to place her upon her knees *in bed*, and support her in such a position that she could in a moment be laid down upon her left side. I stepped into the adjoining room, but in five minutes was recalled. Upon making examination, I found the head rapidly descending under the influence of an almost uninterrupted pain. I ordered her to be laid down, and in perhaps less than two minutes the child was safely born.

I could relate other cases in which this position, which some have called the knee-head ascending position, seemed to be equally advantageous with the above. If at all adopted, I would much prefer the modification of it to which I have just referred. Let the bed be sufficiently protected with folded skirts or old quilts, and let the patient kneel upon them, supported by the nurse or her husband, around whose neck she can throw her arms. Let her attitude be such that she can in a moment be laid upon the left side, with her hips near the edge of the bed for the delivery of the child. This arrangement has these advantages, first, that if labor be protracted, she can from time to time change position without difficulty, and thus avoid weariness and exhaustion of strength; and, secondly, the position is easily converted into that most convenient for the attendant and most conducive to the safety of the mother and child, namely, reclamation upon the left side.

The posture upon the knees, *out of bed*, besides the repulsive aspect which to most persons of delicate feeling it must present, has several very serious disadvantages. It cannot so readily be exchanged when the patient becomes weary, as to do so she must not only rise to her feet but ascend the bed; an effort of no small account to a delicate, feeble woman. Should any accident occur, such as sudden hæmorrhage, rapid exhaustion, fainting, much difficulty would most likely be encountered in placing the patient in the proper posture for successful treatment. Lastly, a matter of no small account in relation to the safety of both mother and child, she is placed *too low* for the attendant to have that easy access to her necessary for the adroit performance of the manipulations which the case may require, and wherein dexterity may be essential to success.

In very tedious labors the woman is usually inclined to try various postures. As we have before intimated, we should indulge her in the gratification of this inclination, so far as

may be consistent with her safety and that of her offspring. Change seems to beguile the tedium of protracted labor, and, what is more important, it prevents weariness and consequent discouragement and exhaustion.

Some years ago, when attending a case of this kind, I blundered upon an expedient which seemed to answer a good purpose, by way of agreeable change. I had a wide arm-chair well cushioned with quilts, or something of that sort. The husband seated himself *far back* thereupon, while his wife sat in front, between his distended limbs, leaning backward, he supporting her with his arms around her waist, her feet propped against some firm object in front, and her hands holding on to the arms of the chair, as a *point d'appui*, during the presence of a pain. The child could, I believe, readily and safely be delivered in this posture, although I do not consider it the best one for that purpose. As a temporary expedient I was pleased with it, and was at the time disposed to regard it as a novelty; but we are told "there is nothing new under the sun," and I have since found out that Pugh had recommended it long ago. If this posture should be maintained after the head is low, it would be all-important that the woman should be supported sufficiently forward, that the bottom of the chair might not interfere with the retrocession of the os coccygis.

The posture just described I think not only useful to beguile the tedious hours of a protracted labor, and to give rest through change of position, but it otherwise favors the parturient process. The expulsive force of the abdominal muscles can be brought freely into play, and is at the same time sustained and rendered more effective by the pelvis, hands and feet being firmly fixed. The direction of the expulsive force is also brought well into accord with the axis of the parturient canal, thus saving waste by encountering unnecessary resistance.

In this paper we have spoken of posture in relation merely to the simple process of labor. In cases requiring operative procedures other positions may be necessary, or at least convenient. It is not our business at present to speak of these, as we believe we have on former occasions offered our views fully upon this subject. Nor have we traced up the history of postures as varying with the progress of midwifery from the earliest periods of the art to its present state of comparative perfection. This would furnish details shocking to humanity and discreditable to the common intelligence of man-

kind. The curious, seeking information upon this subject, are referred to Dr. Siebold's *Commentaris de Cubilibus Sodilibusque usui Obstetricis Inservientibus*, a work which, probably, few of us will take the pains to read.

THE TREATMENT OF RETAINED PLACENTA.

BY B. F. BETTS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In a majority of cases of labor at term, the placental mass becomes detached from the walls of the uterus at the time the final contractions expel the child from the genital tract, or else an interval of from ten to thirty minutes elapses before the uterus recovers from its temporary exhaustion and special contractions set in which result in its detachment from the placental site.

In both these instances the placenta will be found in the vagina or lower segment of the uterus, and may be readily removed by steady pressure upon the fundus of the uterus, in the direction of the axis of the pelvis, with one hand, whilst the other is occupied in making properly directed traction upon the cord. But there are other cases in which the placental mass is *not* detached as the child is expelled from the vulvo-vaginal orifice, nor within the period of time specified above, but remains within the uterine cavity and *attached to the uterine wall*. Such are cases of *retained placenta*.

The retention may be due to:

- 1st. Absence of contractility, or atony of the uterus.
- 2d. Irregular contractions of the uterus of the nature of hour-glass contractions, resulting in the imprisonment of the placenta in one of the cavities, or
- 3d. Morbid adhesions between the placenta and uterine wall.

Atony of the Uterus.

If it be remembered that the efforts of the first and second stages of parturition are commonly attended with an expenditure of a great deal of nervous energy, it will be easy to account for the temporary exhaustion which follows the birth of the child. During this period of exhaustion, no matter how long it continues, if the placenta is adherent, and there is consequently no hæmorrhage, it is improper to attempt to forcibly detach it from the uterus.

In cases of hæmorrhage from the uterus, it is to be presumed that the placenta is at least partially detached, and should therefore be removed by manual means, if medicines do not act promptly to overcome the atony of the uterus and induce contraction. For the presence of the placenta will then prevent the complete closure of the uterine sinuses, or, acting as an irritant upon the exhausted uterus, induce only *irregular* spasmodic contractions, resulting in imprisonment of the placenta rather than in its forcible expulsion.

But the effort to remove a placenta from an exhausted uterus by manual means, *when there is no hæmorrhage* and before it has become detached, as is frequently attempted, is evidently an error which is liable to result in hæmorrhage and other disastrous consequences, such as inversion of the uterus, prolapsus, etc. To commence to pull upon the cord soon after the expulsion of the child, is to irritate the uterus at the time of temporary exhaustion, and make that exhaustion more persistent or liable to return at a later period with secondary hæmorrhage, or else induce irregular spasmodic contractions, causing partial detachment, prolonged retention and hæmorrhage. It is not, therefore, until the contractile energy of the uterus manifests itself by "pains," or is recognized by the hand applied over the uterus, that we should proceed to remove the placenta when there is no hæmorrhage.

If the uterine atony is prolonged, lasting more than twenty or thirty minutes, the appropriate remedy is to be selected; when, in such cases, sufficient nervous force will be reproduced to contract the uterus and complete the placental separation.

Irregular Uterine Contractions.

In the same way irregular uterine contractions resulting in retention of the placenta will be overcome by the appropriate homœopathic remedy, which will restore the tonicity of the uterus, so that its expulsion will be effected, unless massive doses of *Secale cornutum* have been previously administered, when tetanus of the uterus may prevent our properly directed efforts from being crowned with success. In all cases it is better to await the action of the remedy than to attempt to introduce the fingers into the uterine cavity through the hour-glass constriction.

When the uterus contracts normally and with average vigor, and yet fails to detach the placenta, it may be presumed that retention is due to the third cause mentioned, viz.,

Morbid Adhesions to the Uterine Wall.

And the question will arise: Are we to proceed to break up the adhesions by the fingers introduced into the uterus? In treating cases of delivery at term, as well as abortions, in which we find retention from adhesions most frequently present, especially if occurring at about the third or fourth month, I am guided by the following rules, viz.:

If a discharge of blood from the uterus continues for some time after the birth of the child, I presume the placenta is at least partially detached, and proceed to effect its removal entire if possible. For this purpose the hand is introduced into the vagina, and the two fingers into the uterine cavity, and insinuated between the placenta and uterine wall *from below upward*. At the same time, firm pressure with the other hand is made upon the fundus of the uterus, so as to force it well down into the pelvis, that the placental attachment may be more readily reached by the fingers inside the uterus.

In most cases the operation is quite painful, consequently it is best to use an anæsthetic, which not only relieves the patient from pain, but also relaxes the abdominal muscles, so that pressure can be made upon the fundus of the uterus to better advantage, greatly facilitating the accomplishment of the object in view.

In cases of abortion, or long-standing retention after labor at term, the os is often too small to permit the passage of more than one finger, and consequently requires to be dilated by means of Molesworth's dilator, which acts promptly and effectually in most instances.

It is well to bear in mind that it is difficult to tell beforehand to what extent the os is capable of being dilated or distended, by merely stretching its tissues by means of the fingers separated from each other as far as possible after their introduction, as more depends upon the softness and dilatibility of the os than its size before the effort is made.

It usually requires an aperture of about two and a half inches to pass an ordinary hand into the cavity of the uterus. The average mature placenta can be extracted through an aperture two inches in diameter, whilst about one and a half inches will be required for the finger and placenta of four months to pass through in extraction.

A sufficient distension of the os uteri will, in most cases, obviate the use of placental forceps and other appliances, which generally prove so unsatisfactory. In cases of doubt

as to the distensibility of the os, it is best to use the dilator, so as to be sure of securing space sufficient for easy manipulation.

After passing the fingers through the os, we may find that although the adhesions of the placenta are of sufficient firmness to resist the contractions of the uterus, they constitute but a slight obstacle to the fingers of the accoucheur insinuated between the placenta and uterine wall. Or they may be so firm and extensive as to resist every effort of this character without imminent risk of lacerating the uterine tissues.

As it is impossible to tell with certainty beforehand which condition will be found to exist, the recommendation to commence the detachment from below, so as to allow of a free discharge of the secretions if it is found necessary to desist, as I always do in cases of firm fibrous adhesion, is obviously important.

Those firm adhesions we sometimes meet with may be due to either of two causes, viz.:

1st. An absence of fatty degeneration between the placental mass and its uterine connections; or 2d, to the development of new tissue, or rather a fibrous transformation of the decidua serotina, resulting in the development of a tissue structure characterized by great strength and tenacity. In the first instance we have to deal with what has been aptly called "an unripe placenta," which is adherent, not because of the development of any new issue, but "because of the presence of the *normal tissue in its full integrity*." These cases are most frequently found after miscarriages and premature deliveries. The other class of cases is most frequently met with after labor at term, being due to inflammation, syphilis, or mechanical irritation, as from the pressure of some solid part of the child against this part of the placenta.

In both instances the adhesions are most formidable, and resist both the contractions of the uterus and the careful manipulations of the accoucheur, and consequently we may say *such cases are not benefited by efforts at detachment, but the placenta should be allowed to remain undisturbed.*

If it is only partially adherent and hæmorrhage is in progress, we may pass the wire *écraseur* around this attachment and sever it from the uterus, taking care not to pull the uterine wall into the wire-loop by traction upon the cord or placenta.

But where there is no hæmorrhage, I am satisfied that the best treatment consists in allowing the placenta to remain until a fatty degeneration of its connections takes place,

which usually occurs after the expiration of four or five days, meeting the symptoms in the meantime by the appropriate homœopathic remedy, until expulsion takes place, or the placenta can be easily removed by the hand. Decomposition will rarely take place if there is but little hæmorrhage at first. Fetid discharges, if they do occur, however, should be removed from the vagina by lukewarm injections of water employed once or twice daily.

Should the vascular connection between the placenta and uterine tissue not be interrupted, but the placenta remain everywhere intimately adherent, the same process of tissue metamorphosis and absorption which results in the complete involution of the uterus after parturition, may possibly effect the absorption of the placental tissue, as has sometimes occurred, but such a result is exceptional.

In most cases, the fatty degeneration of the attachments results in the separation of the placenta in four or five days, after which it may readily be removed entire. Attempts at removal before such a separation has occurred will only result in the laceration of some portion of the uterine tissue, admitting of septic absorption, which will manifest itself by prostration, icteric hue of the skin, profuse perspirations, or dry hot skin, languor, headache, fever and delirium, with weak pulse, complete loss of appetite, slight tenderness over the uterus, or pelvic peritonitis as a complication. Such cases become alarming, and require, beside the carefully selected remedy, nourishing diet of beef tea or mutton broth, milk, etc., or they may prove speedily fatal, as is usually the case under allopathic treatment.

Therapeutics.

Pulsat.—Retention of the placenta from atony of the uterus. Labor has been prolonged and exhaustion is the result, with, perhaps, depression of spirits, desire for fresh air and oppression of the chest.

Secale corn.—Irregular action of the uterus. *Hour-glass contractions*, with constant bearing-down pain; passive hæmorrhage, with only partial detachment of the placenta and imprisonment of the placenta, or atonic condition of the uterus, in thin scrawny women. In retention from fibrous adhesion of the placental mass it will bring about more rapid expulsion.

Caulophyllum.—General relaxation, or intermittent, crampy

pains in the uterus; also in the stomach or abdominal walls and extremities, attacking different parts; os uteri is relaxed.

Bellad.—*Hour-glass contractions* (Lippe). Headache; blood discharged feels hot to the parts over which it flows; pain in lumbar region as if the back would break; pains set in suddenly and pass off suddenly. *Passage of clots of blood always preceded by great pain in the back* (Lippe).

Actea racemosa.—Uterine contractions have suddenly ceased, leaving the placenta retained. Feels sore and rheumatic; has headache, and vertex feels as if it would fly off; brain feels too large for the cranium; eyeballs pain, or eyes feel as if they would turn over in their sockets.

Helonias.—Atony of the uterus; anæmia and enervation of the whole body; body aches all over. Feels so tired and strained; the muscles burn and ache. Worn out and does not care to sleep. Uterus won't contract to expel the placenta or detach it.

Canthar.—Burning pains through the pelvis. Dysuria; thirsty, and distressed generally.

Nux vom.—Pressure in the rectum as though the patient would have a stool, or pressure in the rectum with pressure in the bladder at the same time.

Rhus tox.—Patient is very restless. Moving about always relieves; flow of blood from the vagina, which is sore and tender (Guernsey).

Sabina.—Discharge of clotted blood with pain, constant or intermittent, running from the sacrum to pubes.

Ipecac.—Constant nausea, with hæmorrhage and retained placenta.

DISCUSSION.

DR. H. N. GUERNSEY said where the placenta was habitually retained *Pulsatilla* would often remove the disposition. *Nux vomica* is indicated when there is great irritability of the rectum. *Rhus tox.* is the remedy when the characteristic restlessness is present; patient changes position constantly, with relief only for a short time, usually with tenderness of the vagina. *Sabina* is indicated when there is a sensation of uneasiness from the sacrum to the pubes. As to forcible removal he had given that up entirely in abortions at second, third or fourth month, and now trusted entirely to medicines; but one must have patience to await their action; after one, two or three days the placenta will come away. He found it rarely neces-

sary to manipulate the tender uterus, and avoided it as much as possible on account of the pain produced.

DR. AD. LIPPE recommended *Belladonna* in hour-glass contraction with discharge of clots of blood, preceded by violent pain in small of the back. Under *Nux vomica* there was also as much desire to urinate as to pass feces.

DR. JOSEPH C. GUERNSEY spoke of *Ipecac.*, indicated by constant nausea.

DR. H. N. GUERNSEY said that the *Ipecac.* was frequently indicated when there was a cutting pain around the navel, occasionally extending down into the uterus. Indicated for protracted labor as well as for retained placenta when this symptom is present.

DR. B. W. JAMES narrated two cases to show that remedies alone are not always sufficient. The first case had been under the care of a homœopathic practitioner for one week, with hæmorrhage all the time and gradual failing of strength. He found the placenta at the os, which was not large enough to allow of its escape. He dilated with his hand, removed the placenta, and the patient got well. In the second case only part of the placenta had been removed. There had been profuse hæmorrhage for ten days, under the treatment of a homœopathist regarded as a very careful prescriber. The woman was almost expiring from loss of blood; he took the remnant away and the patient recovered.

DR. J. C. MORGAN's first case of hour-glass contraction occurred while still practicing allopathy, after a strong dose of Wine of ergot. This had led him to suggest to others, and to try himself, *Secale cor.* in cases of hour-glass contraction. He had found it of advantage in removing a placenta to give it a revolution with the hand while withdrawing it. He also spoke of rupture of the uterus as a cause of retained placenta, the possibility of which should be remembered.

DR. CHARLES MOHR said *Aconite* should not be forgotten, and related a case of retained placenta where a single dose of *Aconite*³⁰ was followed by a cure, the woman having aborted from a fright, the prominent symptoms being fear of death, restlessness, fever and thirst. He had gone to this case with placental forceps to remove the secundines, but decided to administer the indicated remedy and follow Dr. Guernsey's advice to wait.

DR. E. A. FARRINGTON referred to fatty degeneration of the placenta, extending to the cord, as resulting in a retained placenta, from the want of sufficient care in drawing upon the

cord. Where there had been a long hæmorrhage he regarded an endeavor to forcibly remove the placenta as likely to result in another dangerous hæmorrhage. A few doses of *Cinchona*, in any potency, will be of much more benefit by bringing up the tone of the uterus. He called attention to a symptom of *Secale*, first observed by Dr. H. Gross, that he had verified, viz., wild delirium, laughing and clapping of hands over head. He also related a case which had lately occurred in his practice, in which, after the birth of the child, he found near the vulva what seemed to be a bag of water, but which on rupture discharged a quantity of black offensive blood, and on examination proved to be a cyst springing from the placenta.

DR. JOSEPH C. GUERNSEY thought hour-glass contraction was sometimes produced by undue haste in endeavoring to remove the placenta; one should wait at least half an hour.

DR. AUGUST KORNDÆRFER had had a case eight years ago in which medicines failed to bring away the placenta, and he had been unable to peel it off as one is instructed to do in the text-books. He succeeded in detaching it very readily by grasping the centre and twisting it once or twice backwards and forwards. He had suggested this mode of procedure to others, and had used it himself since then. He never waited more than four hours for a placenta to come away, and never left a woman with retained placenta.

DR. B. W. JAMES confirmed the utility of Dr. Korndærfer's method of procedure.

DR. AD. LIPPE thought the condition that caused retained placenta was an abnormal one, and should be permanently relieved by the homœopathic physician, or the woman was not a well woman.

AN INTERESTING CLINICAL CASE.

BY A. A. LOVETTE, M.D., SHIPPENSBURG, PA.

MRS. C., aged about thirty-seven, in the winter of 1876 called on me for treatment. She was suffering from palpitation of the heart, wandering neuralgic pains, and intense nervousness, which prevented her from sleeping. Her complexion was of a dingy livid hue, and she was decidedly anæmic; digestion poor, bowels constipated. Examination of the heart showed it beating rapidly, 120 times per minute, increasing on the slightest exertion or emotion to 150 and 160. There was a slight murmur accompanying each beat, which, however, could not be definitely located. For the

"anaemia" she had been using Iron in large doses and various forms for nearly two years. Attributing the murmur about the heart to the anaemia present, Puls. was prescribed, improving the patient in every particular.

After a few months the lady again experienced a renewal of her suffering, but much more intense. Examination showed me I had a case of organic affection of the heart. The closing of the mitral valve was accompanied by a clicking sound and dilatation, as if the blood were flowing through a contracted orifice, producing the blowing sound. The heart was decidedly enlarged to the right, perceptible on percussion. The exact condition of the heart is difficult to diagnose, notwithstanding the long and beautiful differential diagnosis given by authors on physical diagnosis. However, with the aid of an experienced allopathic physician, we determined a case of mitral insufficiency and with enlargement of the right heart. The disease progressed in spite of medication until the liver and kidneys sympathizing, we had as a complication oedema of the limbs, then ascites. This condition persisting and danger of suffocation becoming imminent, tapping was resorted to, and on the 31st of June, ten quarts of water were withdrawn. Dig.², was prescribed, which seemed to control the heart and excite the kidneys to greater activity. The lady grew much stronger, and continued to do so notwithstanding that the water again accumulated; this time, however, with only ascites. She presented the same conditions as before. On the 15th of September she was relieved of the same amount of water by tapping. She made a good recovery from the operation. Return of the ascites again becoming apparent, Lyco., Calc. and Ars. were given, according to my best judgment, without effect. On the 15th of November we again withdrew the same amount of water; she recovered herself this time in a few days. I was unable to discover any change in the condition of the heart, but the lady had much improved in general strength, her spirits were much livelier, her appetite good. On the general condition of her system all the hopes I now entertained rested, and they only were that I might prolong her life for a time. The allopathist who assisted me in the tapping, encouraged me with the unfavorable records of his school, predicting a funeral in a few weeks. After the last tapping the pulse fell to eighty beats per minute, but the other conditions remained the same. For the fourth time the ascites began to return, and did so until the abdomen was apparently half full. I now prescribed Sulph.³⁰ for a few

days, then Kali carb.³⁰. The progress of the accumulation ceased, all symptoms improved, and continued to do so until the abdomen was entirely relieved by absorption. The kidneys became active and the water clear and sufficient. I had the pleasure of examining the case to-day, April 1st, 1878, and to my surprise no unnatural sound of the heart could be detected. The blowing sound had entirely disappeared, and no traces of enlargement could be perceived. The pulse is about eighty beats per minute, regular and full. She declares herself feeling perfectly well, with the exception of nervousness from fright or emotion.

Since the case has terminated so favorably, the question arises, was it a case of *organic affection*? Of the enlargement there could be no mistake, nor of the characteristic blowing bellows' sound. Nor could this sound be mistaken for the anæmic murmur, which is of different nature and of different location, and which would have left gradually as the strength of the patient improved. The sympathy of the liver, kidneys, and the supervening dropsy and ascites, all point to the heart as the seat of the trouble.

The case has proved an interesting one, as all records prove such termination rather exceptional.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. McGEORGE, M.D., SECRETARY.

THE tenth annual meeting of the West Jersey Homœopathic Medical Society was held at the West Jersey Hotel, Camden, on Wednesday, May 15th, 1878, at 11 A.M., the following members being present: Drs. C. J. Cooper, Hunt, Kirkpatrick, Shreve, Iszard, Ward, Andrews and McGeorge; Dr. J. G. Edwards was also present as a visitor. The President, Dr. Cooper, was in the chair.

J. G. Edwards, M.D., of Marlton, graduate of Bellevue Medical College, New York, and S. H. Quint, M.D., of Camden, graduate of the Hahnemann Medical College of Philadelphia, were proposed for membership, reported on favorably by the Board of Censors, and elected members.

The Society then proceeded to elect officers for the ensuing year, when the following were duly chosen:

President, Daniel R. Gardiner, M.D., of Woodbury; Vice-President, Purnell W. Andrews, M.D., of Camden; Secretary,

Wallace McGeorge, M.D., of Woodbury; Treasurer, Joseph Shreve, M.D., of Burlington; Board of Censors, Walter Ward, M.D., Mount Holly, Henry F. Hunt, M.D., Camden, Clark J. Cooper, M.D., Camden.

An earnest and prolonged discussion was had on the question of discontinuing the meetings of the Society, in which every person present took part, resulting in a unanimous determination to continue the meetings, and make them more interesting.

The time of meeting was changed from 11 o'clock in the morning to 2 o'clock in the afternoon, that hour being considered more suitable to the majority of the members. The first meeting for the discussion of papers was fixed for Wednesday, May 29th, at 2 o'clock P.M., in the parlors of the West Jersey Hotel, Camden; papers to be read by A. Kirkpatrick, M.D., on obstetrics, by H. F. Hunt, M.D., on scarlet fever, and by Jacob Iszard, M.D., on puerperal convulsions; these papers to be short, not occupying more than fifteen minutes in reading, and to be followed by discussions.

By resolution all back dues were remitted to members in arrears, and all the old members were invited to again take part in our proceedings, and help by individual effort to re-establish the Society on a new and more useful basis. The Secretary was also empowered to invite all homœopathic physicians practicing in West and South Jersey to attend and participate in the proceedings.

On motion adjourned to meet on May 29th.

Agreeably to adjournment the Society met at the same place on Wednesday, May 29th, at 2 P.M., the President, Daniel R. Gardiner, M.D., occupying the chair.

Upon calling the roll, Drs. D. R. Gardiner, D. E. Gardiner, Hunt, Shreve, Iszard, Shivers, C. J. Cooper, Lippincott, Edwards, Quint, Streets, E. R. Tuller and McGeorge answered to their names, and Drs. J. F. Musgrave, Joseph R. Johnson, T. M. Johnson, H. B. Hall, Isaac A. Barber, E. M. Howard and P. G. Suders were also present as visitors.

The President elect delivered an address of welcome, and thanked the Society for the honor conferred upon him, and promised to do all in his power to make the meetings interesting and useful.

The following persons were proposed for membership, reported on favorably by the Board of Censors, and unanimously elected members: John F. Musgrave, M.D., Swedesboro, Gloucester Co., Joseph P. Johnson, M.D., Hightstown,

Mercer Co., Harrison B. Hall, M.D., Riverton, Burlington Co., all graduates of the Homœopathic Medical College of Pennsylvania; Isaac A. Barber, M.D., of Camden, E. M. Howard, of Camden, T. M. Johnson, M.D., of Camden, Camden Co., P. G. Suders, M.D., Woodstown, Salem Co., O. H. Crosby, M.D., Atlantic City, Atlantic Co., all graduates of the Hahnemann Medical College of Philadelphia, and H. H. Cator, M.D., of Camden, graduate of New York Medical College.

Dr. H. F. Hunt moved that a committee of three be appointed by the President to prepare suitable papers and resolutions on the death of Ross M. Wilkinson, M.D., of Trenton, one of the founders of the Society, and Wm. H. Crow, M.D., of Camden. Drs. H. F. Hunt, D. E. Gardiner and W. McGeorge were appointed said committee.

Dr. E. R. Tuller was elected delegate to the American Institute of Homœopathy, and Dr. H. F. Hunt, alternate.

The Society then proceeded to scientific proceedings, and Dr. Jacob Iszard, of Glassboro, read the following carefully prepared paper on puerperal convulsions, giving a clinical case at the end.

PUERPERAL CONVULSIONS.

BY JACOB ISZARD, M.D.

The subject of puerperal convulsions should be one of interest to every medical practitioner who has had to combat this frightful disease.

There are two principal varieties of convulsions to which women are subject, hysterical and epileptic. The one that concerns us most is the kind that occurs during gestation or after its termination in parturition. The convulsions which occur during the first eight months of pregnancy are usually hysterical, although in some persons originally predisposed or actually subject to epileptic attacks, convulsions would still be liable to appear in pregnancy, even in its earlier stages, and they would of course partake of the same epileptic nature. But in general only those convulsions which arise during the last month, and especially during the last weeks of gestation are allied to epilepsy; and they are properly termed puerperal, because of the precise similarity in character to those which occur during labor and after parturition. We may, in common language, say, all convul-

sions of pregnant women are puerperal, whether in the earlier or later stages of gestation or during and after labor.

We naturally ask ourselves, what are the causes of all these troubles? Our chair of obstetrics would teach us, or did teach us, that the causes are divided into two classes: "Centric and Eccentric." The centric are those which arise from direct irritation of the great nervous centres, and the eccentric are those which arise from more external influences reflected back upon these centres. The centric causes are either physical, acting as material irritants of the nervous centres, or psychical, consisting in mental emotions. The physical causes may be either intracranial, such as act primarily upon the brain and medulla oblongata, or they may be intravertebral, acting upon the membranes of the spinal cord, and upon the substances of the spinal centre itself.

The most prominent of the physical intracranial causes consists in that derangement of the sanguineous system incidental to many cases of pregnancy, and known by the old name of *plethora*. Pregnancy may be properly and justly considered a state of plethora, and it may be presumed that the balance of such plethora may have a tendency to affect the head or brain, inasmuch as the great vessels of the circulatory system of the abdomen must be impeded by reason of the pressure of the gravid uterus. Any agent which causes undue pressure on any part of the brain, and results in counter-pressure on the medulla oblongata, like a clot of blood, serous effusion, or fulness of the cerebral circulation, may bring on convulsions; also any dropsical effusions or lesions of the spinal cord must necessarily bring on similar results. If convulsions occur after uterine hæmorrhages, the case is a *serious one*.

The psychical class of causes of convulsions consists in sudden and violent emotions of fear, joy, or grief; or in deeper and more painful influences, such as a sense of shame inseparably connected in many instances with pregnant unmarried females.

The intravertebral causes of puerperal convulsions have reference either to quantity or to quality of the blood. Too large quantity will exert too much pressure on the spinal cord, and may give rise to puerperal convulsions. If the blood be of a poor quality, it will necessarily bring on a true toxæmia or poisonous state of the blood, and may cause puerperal convulsions.

Symptoms.—The symptoms of puerperal convulsions may

be divided into *premonitory* and actual symptoms. The premonitory symptoms consist of a sense of fulness in the head, vertigo, confusion of ideas, sense of ringing in the ears, and dimness of sight. The allopathic doctor would resort to depletion at once; but there is a better way, and that is by administering the appropriate homœopathic remedy.

The *actual* symptoms of puerperal convulsions can scarcely be distinguished from common epilepsy. The attack is sudden, the face is swollen, of a dark-red or violet color, and distorted by spasmodic contractions, the eyes are agitated, the tongue is protruded, and the under jaw repeatedly closed with force, so as to wound the tongue. Froth is ejected from the mouth. The muscles of the body are thrown into violent and irregular action, the limbs jerk in all directions, and with such force as to be difficult to keep the patient on the bed. Respiration is at first irregular, being forced through the teeth with a hissing sound, and subsequently becomes nearly suspended. The pulse is quick, at the beginning full and hard, but after a little while small and imperceptible; in a few minutes the patient has another attack with the above symptoms repeated. Gentlemen of the medical fraternity, just picture a case before you and a room full of anxious relatives and friends. Perhaps many of you have experienced the ordeal; I know I have, and will recite a case on this subject just here.

Mrs. P., of G., aged twenty-two years, had been pregnant eight months; a case of plethora, lower extremities dropsical. During the sixth month she had an attack of bilious intermittent fever, made a good recovery, and was very active up to Thursday evening, 15th day of March, 1877. She had been complaining of a headache for several days previous to this time, but she did not think her case so serious as to call in medical aid. She went to bed cheerful; her husband was reading in the room; suddenly she went into one of the class of *actual symptoms* of puerperal convulsions. About 10 o'clock P.M. I was called and was in the room when the second convulsion occurred. When that attack passed off, she spoke but could not recognize any one, but wanted to know what the people were doing in her bedroom. I gave her Bell. every fifteen minutes the remainder of the night, when I thought she was capable of swallowing. The paroxysms came farther apart, and towards morning she dropped off into a comatose state. After she had had three convulsion I made an examination per vaginam. I found the os was dilating. I remained till morning, and left her for a short time, and then

returned; found her pulse somewhat accelerated, breathing stertorous, and occasional symptoms of labor. I continued Bell. I found the convulsions less frequent. By 10 o'clock A.M., on Friday, labor began to progress so that the head of the child had passed through the os, and the membranes were ruptured. By 11 o'clock the child had descended into the inferior strait, at which time I decided to take it away with forceps, which was done without delay, and placenta taken without any difficulty. She was delivered and put to bed at 12 M. About 2 o'clock P.M. she had two more convulsions, and then went into a comatose state. I wished a consultation, and Dr. McGeorge, of Woodbury, N. J., was called in about 5 o'clock P.M. After reviewing the case and seeing the present condition, we decided to give Opium³⁰ in powders every half hour till Saturday, the next day, and then every hour. She gradually assumed a natural sleep by 5 P.M. on Saturday, at which time Dr. McGeorge saw the case again with me, and found her respiration, pulse and temperature improving, but still a livid bloated condition about the face and neck, and eyes half closed. Her general appearance looked unfavorable for a recovery, but the condition of her skin was good and the lochial discharges were normal. I catheterized her about twice in twenty-four hours until Sunday morning. About 5 o'clock on Sunday morning she awoke as if out of a natural sleep, and then went off into another sleep till 8 o'clock; after that she recognized every one whom she knew before who would speak to her, which was done cautiously. I will say just here that by Dr. McGeorge's suggestion she was kept on her left side from Friday afternoon until Sunday morning, and only had one convulsion. The attendants think she then got on her back. (I think the suggestion is worth consideration as I have proved it in other cases of convulsions.) When consciousness was wholly restored and nourishment given, I gave her *Nux vom.*⁶ until her bowels were moved and urination had taken place. The puffiness of the face and neck gradually disappeared. On Monday her headache returned with a sharp piercing pain, with an occasional deep sobbing sigh, for which we gave Ignatia³⁰, which relieved her almost immediately. Her child lived one week and died with convulsions. I am happy to say that Mrs. P. recovered nicely and is to-day enjoying good health.

The President then declared the paper open for discussion.

Dr. Streets said that Dr. Iszard has not alluded to one of the most important causes or concomitants of puerperal convul-

sions, viz., *albuminuria*. Spoke of a case where a lady in her first labor had convulsions; was consulted in her next pregnancy; found her urine to contain albumen. Medical treatment, *Colechicum*, *Arsenicum*, *Merc. cor.*, and *Helonias* produced no effect on it. It remained albuminous up to the time of her confinement. In labor in his absence she was attended by an allopathic physician. She did well until some hours after her labor, when convulsions set in. The physician bled her and she recovered. The same treatment was used in her previous attack. He inquired of Dr. Iszard if his patient had been troubled with suppression or retention of urine during or after her convulsions.

Dr. Iszard said he drew off her urine twice a day, as often as he thought necessary. As soon as she became conscious she urinated.

Dr. McGeorge related particulars of this and other cases. Spoke of a woman who in former or first parturition had convulsions for thirty hours, and whom he attended three times subsequently, with no signs of any difficulty like she had had at first.

Dr. D. R. Gardiner recalled the fact of loss of memory in the first case referred to by Dr. McGeorge. She could not remember whether she had bought a new bonnet, or what it looked like; forgot everything that occurred before she was taken with convulsions.

Dr. Musgrave spoke of the treatment of these cases in old-school practice; sometimes patients that are bled live, sometimes they die. He gave particulars of a case he attended in consultation with an allopath who recommended whisky and *Ergot*. She was delivered, but she died in ten minutes after parturition, in spite of the treatment recommended.

Dr. Streets suggested *Hydrocyanic acid* as a remedy for puerperal convulsions. Had witnessed its efficacy in five cases of uræmic convulsions, non-*puerperal*. The remedies given may have done well in this case, but he thinks the tendency of some of these cases to spontaneous recovery as soon as the uterus has been emptied, is too much overlooked in expressing opinions regarding the effects of medicine. A case in point: A *primipara*, whose labor had progressed slowly, with violent and frequent pains, was seized with a convulsion. She was immediately delivered with forceps. Four hours afterward another but much lighter convulsion occurred, which was the last. He attributed the recovery in this case more to the termination of the labor than to the medicine given.

Dr. Musgrave spoke of cases where instruments had been used and the convulsions ceased. Spoke of some other cases.

Dr. Hunt had had considerable experience; agrees with Dr. Streets that many cases come from trouble with kidneys. In one case he observed the woman had green color of skin, and appeared dropsical. She was delivered nicely, but while he was attending to the child she went into convulsions. He gave her *Gelsemium*. In conversation with her between paroxysms, found she had been passing quantity of sand in her urine. Gave her *Lycopodium*, and she told him afterward she had never passed so much urine in her life as she did after taking the *Lycopodium*. Spoke of a case where the patient had been very bad, and had no recollection of anything in connection with her labor. Thought he was going to have in *Cicuta virosa* a specific, but found it unreliable in some cases. Believed in bad cases of convulsions from congestion he should now resort to bleeding.

Dr. Streets regarded convulsions beginning soon after the birth of the child as most dangerous. Related a case in the practice of his colleague, where the convulsions began an hour or two after delivery, continued with increasing severity and caused the death of the woman in fifteen hours.

Dr. Shivers spoke of a case which when seven months gone had convulsions. Gave *Bell.* and found os dilating. In two or three hours afterward child was delivered; considerable hæmorrhage ensued, and some convulsions. Her jaws were closed. Gave her *Bell.* by inhalation. Convulsions ceased in twenty-four hours. This lady is now two and a half months pregnant, and is afraid she will have convulsions again, and is really threatened with them. Asked for advice.

Dr. D. R. Gardiner thought there was no danger of convulsions so soon. Scarcely knew of any under seven months.

Dr. Iszard mentioned a case of a woman who was sick and faint, and almost had spasms. Gave her *Nux vomica*, and that ended the trouble.

Dr. D. R. Gardiner had had considerable experience in these cases, and been fortunate in not losing any; most cases occurred before labor. If there was any sick stomach with arterial congestion uses *Veratrum viride*. The very cases Dr. Hunt would use the lancet for, he would use *Veratrum viride* for. Convulsions commencing with the screaming indicate *Hyoscyamus*.

Dr. Musgrave mentioned a case lasting twenty-four hours. Gave several remedies. The child was still-born, and the

woman died two hours after parturition. Previous to death she threw up a thick, black, bloody substance. Believed *Tinct. opium* given during her convulsions relieved her more than any other remedy.

Dr. Hunt mentioned a recent case. Lady was much oppressed for breath for three days before labor set in; limbs much swollen. Examined her and found os dilating slowly. Went home for an hour or two. Appeared to be doing well, husband was talking to her, when she suddenly went into convulsions, and died in two minutes, before any help could be procured.

Dr. E. R. Tuller had not had much experience in puerperal convulsions. In thirty years' practice only saw two cases. The first case, a primipara, was dropsical in face, arms, trunk, and extremities; the peculiarity in her case was intolerable anguish with every pain; would get up and walk around when the os was half dilated; convulsions came on; before she had her third convulsion delivered her with forceps. Gave her *Bell.* Has been able to combat symptoms with remedies. Believes in homœopathic principles and would be slow to draw blood. If we study our cases and give proper remedies we need not expect convulsions. Called attention to *Rheum* in case of a woman with pallid face, timid, consternation apparent, numb extremities; while she desired food, a mouthful would satisfy her; perspiration on head; hair looked as if it had been dipped in water. Gave her three or four remedies, but until he found a remedy that covered perspiration on head he observed no good results. *Rheum* has this symptom, as well as the one of hunger while a mouthful would satisfy. Gave her *Rheum*²⁰⁰, and she began to recover, and in three or four weeks afterward she was delivered without any trouble.

Dr. Shivers related a case of convulsions occurring in fifth or sixth month, which he attended in conjunction with Dr. Shreve. The woman died in about twenty-four hours.

Dr. Hunt mentioned a case where the bloodvessels were congested, and the case looked like one of opium poisoning. Gave her *Opium* and *Bell.*, but although she was delivered with forceps, she died in about two hours after. The mental symptoms may have had something to do with it. She was not happily situated, boarded with her sister, and had quarrelled with her, and gone to her room in anger, saying she would never leave it again.

Dr. Hall asked advice. A patient of his had leucorrhœa and palpitation of heart, with the characteristic symptoms of

Cactus grandiflorus, sensation as of an iron hand grasping. She was married and had been for two years. Became pregnant. At term, in labor, when os was partially dilated, she had good pains for three hours; then ceased for eight hours, when convulsions set in, and the dilatation commenced again, and she was delivered in two or three hours.

While attending to the child the after-birth came away spontaneously and she did well. Convulsions came on again in this case the day after delivery, and in five days, through the interposition of her family or friends, the case passed into allopathic hands. The woman died in ten days after she passed into other hands, and her death was attributed to retention of some part of the after-birth. But Dr. Hall was particular to inquire about the discharge each day, and was told there was nothing unusual, nor any smell to the discharge, and learned that she only passed one small clot after he left the case.

The Society said that it was evident that such was not the case, but that she had died from effects of the convulsions and not from retention of the placenta.

Dr. E. R. Tuller for the last twenty-five years has never allowed an after-birth to go without examination, so they could not complain afterwards. We must notice the preceding symptoms more. We do not name the symptoms enough. Frequently have cases where they want to micturate frequently. Give *Nux* frequently in such cases. Don't stop in fifteen minutes and give another remedy, but wait and see results. For pain across hypogastrium and across back with intolerable anguish, give *Chamomilla*.

Dr. Hall said in this case, for the irritable disposition he gave *Cham.* ⁶, ³⁰, ²⁰⁰, without results.

The discussion on this paper was then by vote closed.

Dr. H. F. Hunt read a portion of his paper on *Scarlet Fever*, promising to complete it and give indications for the remedies he employs.

Discussion began on it, but was stopped until the paper was complete.

Dr. Barber thought if members would give the potency used, it would make the cases more interesting.

Dr. D. R. Gardiner thought that would be an excellent idea, and approved of the suggestion.

The President then announced the bureaus for the ensuing year as follows:

Bureau of Obstetrics: Henry F. Hunt, M.D., chairman;

D. E. Gardiner, M.D., B. H. Shivers, M.D., Jacob G. Streets, M.D.

Bureau of Practice: A. B. Lippincott, M.D., Chairman; Jacob Iszard, M.D., S. H. Hunt, M.D.

Bureau of Surgery: J. F. Musgrave, M.D., Chairman; Joseph P. Johnson, M.D., E. M. Howard, M.D.

Bureau of Materia Medica: Wallace McGeorge, M.D., Chairman; E. R. Tuller, M.D., C. D. Cooper, M.D.

Bureau of Epidemics: Jacob G. Streets, M.D., Chairman; Walter Ward, M.D., Isaac A. Barber, M.D.

W. McGEORGE,
Secretary.

HOMŒOPATHY IN BALTIMORE.

At a meeting of the Baltimore Homœopathic Medical Society, held May 16th, the Code of Medical Ethics of the American Institute of Homœopathy was adopted, with the exception of Section 3, Part II, on the duties and obligations of physicians to the profession and to each other.

Section 3 was erased, and the following adopted as a substitute.

This Society recognizes the right of every physician to inform the public by card or advertisement that he is engaged in general practice, or practice limited to a particular class of diseases; but it condemns any advertisement which claims that the physician is in possession of some remedy or acquainted with some mode of treatment known only to himself; or that he possesses special qualifications for the treatment of certain diseases, and declares that any physician so advertising, shall on proof thereof be expelled from this Society.

ELDRIDGE C. PRICE, M.D.,
Secretary.

DEFECTIVE DRAINAGE.

BY WILLIAM H. H. NEVILLE, M.D.

(Read before the Hahnemann Club of Philadelphia.)

WITHOUT a good system of drainage in cities there can be neither health, cleanliness, nor comfort. It is of the first importance to health that all filth should be removed as speedily as possible, and disposed of in such a manner as to prevent its becoming injurious to mankind.

There can be no doubt that the sanitary condition of cities is greatly improved by a thorough system of street and house drainage; the history and statistics of sewerage everywhere demonstrate this fact; in every instance on record the introduction of a good system of drainage into cities has been followed by an improvement in the health of the population.

A report made to the British House of Parliament by the General Board of Health, gives some really startling facts upon the subject; many instances being given of the great reduction of the *death rate* by the introduction of a thorough system of drainage.

This Board estimated that the extension of the improvement in sewerage into all towns in England would raise the average age at *death* from twenty-nine to forty-eight; the former being the average age at death of towns in all England and Wales.

But while a good system of drainage brings about such favorable results, a defective system, such a one as drains, perhaps, more than one-half of the houses in this city, must be attended with results quite as striking, though not so favorable to the public health. There are thousands of houses in this city drained according to a system, a very defective one as we hope to show, that would be much healthier for those living in them if they were not drained at all; for a very defective drainage is worse than none at all, and all systems of drainage are defective where the drains are so constructed as to permit the diffusion of the very poison the formation of which it is their object to prevent.

Perhaps no one subject of equal importance has received so little attention, particularly from the medical profession, as this subject of defective drainage, and yet to my mind the subject is of sufficient importance to claim the attention of every physician in the city; for there can be no doubt that these poisonous gases are active agents in the causation of disease, and that the imperfect construction of sewers, cess-pools, and traps contributes in no small degree to the detriment of the health of those coming in contact with them.

We as physicians are expected to lend our aid to any and every step looking to sanitary reforms, but not until quite recently has this subject of defective drainage and the consequent escape and inhalation of these poisonous emanations received scarcely any attention. Our friends on the other side are agitating this matter. The Board of Health, in their annual reports, have called attention to it; the newspapers are

referring to the subject, and trying to estimate its evil effects; our patients are calling our attention to it, and wonder why it is they have such sickening odors in their bath-rooms and water-closets; but we who are supposed to take cognizance of everything that may possibly imperil the public health, and suggest reform; we who should be the first to agitate this matter and keep up the agitation until some revolution in the present system of drainage is brought about, or at least some reform effected, are acting as though we considered the matter too trivial to claim our attention. If sewer gas be a poison, if these foul emanations be detrimental to health, then sewers and drains, if improperly constructed, instead of becoming a "blessing to any city," become really a curse. And if, as many suppose, this poison contains the germs of typhoid fever, diphtheria and kindred diseases, the subject becomes one of no slight importance, for it touches causes imperilling the public health which may operate very generally throughout the whole extent of the city. Years ago medical men tried to find the cause of disease in the nature of the soil, and no doubt this has, *indirectly*, something to do with our health. Later, diseases have been traced directly to drinking impure water: cases of typhoid fever have been traced to that cause; but more recently many physicians have begun to suspect the air as the principal mischief-maker. Inhaling air fifteen times a minute, it becomes at least probable that this element is the chief culprit that smuggles the poisonous matter into our systems.

Dr. Southwood Smith, of London, says in reference to sewer gas: "I conceive the immediate and direct cause of fever, to be a poison generated by the decomposition of animal and vegetable matter; and the streets, courts, and alleys in which it first breaks out, are invariably those in the immediate neighborhood of uncovered sewers, stagnant ditches, and ponds."

Dr. Guy, in his lectures in relation to the localities of fever, says: "It makes its home in the neighborhood of cess-pools and badly constructed drains, and takes especial delight in the incense of gully-holes, where, if left to itself, it will linger for years amid scenes of filth and corruption, and fold in its deadly embrace all who are so unfortunate as to be thrown in its company."

Dr. L. H. Willard, of Allegheny, gives a very interesting account in the *Hahnemannian Monthly* for February, of an epidemic of typhoid fever which visited that city in October

and November, 1875; and while he does not think sewer gas or impure water was sufficient to develop the epidemic, yet from the bad condition of the water-works at the time, affording but a scanty supply, the continued drought which had been preceded by heavy falls of rain, the part of the city invaded, the probable cause of the epidemic subsiding, in fact the general condition of things at that time, seems to warrant the conclusion that sewer gas and, perhaps, impure water, had a very great deal to do with the development of the disease. He says the supply of water was very scanty, and as there were no rainfalls to flush the sewers, all the matter finding its way into the drains, remained there, with decomposition going on under the most favorable circumstances for generating these deadly emanations. The pipes becoming full, the gas would seek some outlet, and if the drainage is no better than in our own city, there would not be any great difficulty in its finding one.

Now as these gases always ascend, we would expect them to accumulate, not in the low lands about the mouths of the sewers, but rather in those pipes leading to the most elevated parts of the city before they escaped; just where he tells us the epidemic showed its greatest strength. After a heavy fall of rain the disease passed away; that is, after the sewers were thoroughly washed out and all this decomposed matter carried away, the cause being removed the disease at once abated. The experiments of Sir William Gull, to which reference is made, where some eighteen nightsoilers were compared with the same number of laborers, and it was found the laborers were more liable to typhoid fever than those working in the midst of this effluvia, by no means refutes the idea that noxious gases will cause this fever; the error in the comparison is in assuming that the effluvia from nightsoil is similar to the gas generated by decomposed animal and vegetable matter, when we know they are entirely different. The odor from the former is not supposed to be of a poisonous character; on the contrary, nightsoilers seem protected from disease, enjoy good health, and generally live to a good old age.

All systems of street or house drainage are defective that are so constructed as to permit the escape of the sewer gas into our dwellings, whether it be through the walls of the drain, an open joint, or a defective trap.

The escape of this gas is owing to one or more of three causes. 1. In the quality of the material used in the drain, or the manner of constructing it. 2. Imperfect traps, whether

in their construction, or a failure to provide the conditions necessary for them to perform their work properly. 3, and perhaps this is the most important, for without it no system of drainage as at present constructed will bring about the desired results however skilful the workmanship,—a failure to provide some relief, some exit, for the gas confined in the pipes. This latter point is vitally important, and we will refer to it again.

Let us first consider the construction of the “mains,” the sewer in the street. These are usually made of brick, of the most inferior quality; there is never any mortar or cement used in the wall below the spring of the arch, simply a dry wall; the consequence is, every brick used below the spring of the arch enters into the formation of an open joint; the result of which is, the gas readily passes out of the sewer, works its way through the earth, often passing into cellars, and gaining access to the dwelling in that way. All drains, whether main or branch, should be so constructed as to render it absolutely impossible for the gas generated in them to escape. In order to effect this, mortar or, what is better, cement should be placed between each brick used in the wall, and where pipe is used the joints should be hermetically sealed, *and in all cases, whether main or branch pipe, there should be ample ventilating shafts properly constructed.*

But experience has demonstrated that the brick sewer or drain is open to other objections. The fact is, the whole system of constructing these drains needs reforming and simplifying.

The long vault, in many cases, becomes a long storehouse where the filth conveyed by the several branches is deposited instead of being carried through, the small quantity of water passing through the sewer making a small streamlet through the centre, running along a bed of the most obnoxious compounds that the impurities of cities can supply.

It matters little what pains may be taken with the construction of drains—so as to give them the form, diameter, fall, and so on, which scientific observation may show to be the most effectual—it is plain that all this must be useless if they are not amply supplied with water, for without a sufficient supply, drains not only fail in accomplishing their object, but become positively injurious. The water used for domestic purposes and occasional rainfalls are relied upon to flush these large sewers, but their great size in comparison with the small quantity of water running through them, particularly during a dry season, makes this an exceedingly difficult and uncer-

tain process, and in many instances they become nothing more or less than elongated cesspools, where we have a vast storehouse of impure and deadly gases, caused by the constant decomposition of vegetable matter; and that this influence on life and health may not be lost, openings, called "man-holes," and inlets, are made here and there, which convey the poison to the street and diffuse it abroad. It is true a trap is placed in these inlets, but like all traps they are defective, and do not prevent the escape of gas.

Owing to the many defects of the brick sewer, there is a disposition among sanitary reformers to abolish them, and replace them with impermeable and self-cleansing terra-cotta pipe, it being found that a smooth cornerless channel, with a full flow of water, is essential to the removal of the solid matter that finds its way through the branch drains of the houses.

The General Board of Health reported to the British Parliament that in Lambeth Square, occupied by a superior class of operatives, the deaths had risen to the rate of 55 in 1000. By abolishing cesspools which were in their houses and yards, and the introduction of self-cleansing pipe, the mortality was reduced to 13 in 1000, and this reduction of mortality was effected among the same occupants without any change in their habits whatever. If these reports are correct, the results seem too momentous and vast for the efforts to be neglected without criminality.

The great advantage of the terra-cotta pipe over the ordinary brick sewer, consists in its superior capacity for drainage, for the reason that, its interior being smooth, there is less friction, and with the smaller calibre, the limited supply of water is sufficient to wash out its interior, an important consideration, for by that means most of the solid matter is carried through the pipe before decomposition has taken place, and the quantity of gas must be correspondingly reduced.

To illustrate the advantages of a sewer that is sufficiently supplied with water to wash out its interior, here is the result of an experiment by the Metropolitan Sewerage Commission of London. In the case of a brick sewer, $5\frac{1}{2}$ feet high, and $3\frac{1}{2}$ feet wide, draining an area of 44 acres, a 12-inch pipe was inserted for a length of 560 feet in the main sewer; a head wall was built, closing up the inlet, and thus forcing the sewage from the whole area to pass through this pipe. It was found that the drainage power of the pipe was twenty times that of the old sewer (in proportion to its area), and not only

that, but in place of the deposit that had existed in the brick sewer, stone, brick etc., in fact all matters drained into it were carried through. Now having shown some of the advantages to be gained in the construction of the main sewer, we will next notice the branches—the pipes connecting the house with the sewer in the street—and one important consideration just here is this, that while the city authorities have control of the main sewers, the construction of the branches is left to the house-owners themselves. This is important, for the manner in which the house-drains are constructed and communicate with the main sewer is of as much consequence as the construction of the main sewers themselves. Suppose each house-owner was allowed to construct as much of the main sewer as runs parallel to his own property, at his own expense and in his own way, no one would expect any other result than incongruity, waste and inefficiency. Now so long as the branches are allowed to be made by each house-owner in his own way, the result must be of the same unsatisfactory kind. The material and construction are just as important in the branches as in the street drain, for while the drainage capacity of the main sewers may be such as to get rid of all matter that finds its way into them, yet perhaps less than half of the task has been accomplished, since there may be quite enough putrescence to poison the air and ruin the health left in the thousands of branches, which has accumulated there in consequence of their defective construction. The fact is, these branch drains, in fact all drains, are commonly considered insusceptible of any improvement, and they fall into the hands of those quite incompetent to design or execute the work in an efficient manner. These private or branch drains, to be efficient, require the same amount of skill and attention, in respect to falls, curved junctions and general arrangement, as is required in laying down water or gas pipe. All underground work is too apt to be carelessly and badly done, for the defects, however serious, are buried with the materials. These branch pipes are usually terra-cotta, for the reason that they are cheaper and answer the purpose better perhaps than any other kind of pipe. The joints of these pipes should always be sealed with cement, but very frequently only mortar is used, sometimes only mud, and in some cases not even that. The mortar in time cracks and crumbles, and we have the same trouble as in the main—its location making it more serious—an open joint through which the gas escapes, and as these pipes are usually laid underneath the cellar, the gas finds its way into

it and reaches the house in that way. Another defect in the branches, is the failure to select pipe of the proper size. As the debris from any house can only be carried through the pipe by the water which is furnished it, the size of the pipe should in all cases bear a direct proportion to the supply of water. In almost all cases the size of the pipe is too large for the limited supply of water, which being spread over so great a surface, it loses its power to carry along matter in suspension, and the result is the matter accumulates in the pipes. This can never occur if the diameter of the pipe is sufficiently small that the usual amount of water is equal to the task of washing out its interior. This is important, for no matter what capacities for drainage the mains may have, no matter how perfectly all solids may pass through them, the system of flushing must necessarily be imperfect which merely hurries along the contents of the principal or main sewers, while the decomposed matter is left undisturbed in the house-drains. The size of the branch pipes should never be more than five or at most six inches in diameter. Another defect, and perhaps the principal cause of the escape of gas in the branches, is the defective trap, and all traps will prove defective if by them alone we expect to overcome the escape of the gas, for sewer gas will force the best trap that can be constructed, unless some other way is provided for its exit, and a failure to make this provision causes more trouble than all other defects combined. A drain may be constructed of the best quality of pipe, and be the proper size, have the proper fall, the joints hermetically sealed and provided with the best traps that can be constructed, and yet if we fail to make this provision, this means of ventilation, the gas will escape.

Every waste-pipe from water-closet, bath-tub, sink, wash-basin, etc., should be connected with a flue or draft-pipe; if the latter, it should extend from the drain upward above the roof of the house, and be open at the end so as to afford a free draft of air. In all cases this provision is indispensable, for the reason that currents of air are to these poisonous gases, when generated, what the sewers are to the solid matter from which the gases are produced, that is, the great means of carrying them off; and also the free mixture of pure air with these gases by diluting them renders them innocuous. Into this draft-pipe all waste-pipes should enter, and upon each should be placed a proper trap, and no waste-pipe should ever empty into any conductor that does not extend above the roof of the house, and is not open at the top.

Now in the best-drained houses in this city you will rarely find all these conditions met. Either this pipe does not extend above the roof of the house, and you fail to secure the proper draft, or the trapping, which is equally important, is improperly done. Sometimes the waste-pipe from the sink is connected with the rain conductor; this is often objectionable, for on account of its location it lacks the proper height, and fails to provide the proper draft. In other instances, where there is the proper ventilation, and most of the waste-pipes connecting with it, you find the trouble in the front part of the house—in the sleeping-chambers—for as this waste-pipe never can be located so as to receive all the waste-drains, you will find the waste-pipes from the wash-basins in the sleeping-chambers emptying into the main branch, without any ventilation whatever, excepting the waste-pipe itself, which becomes really a ventilating pipe into the chamber, the part of the house which above all others should be kept free from any poisonous emanations. Now all these difficulties can be overcome by having every waste-pipe in every part of the house properly ventilated.

Another objectionable feature of drainage is what is known as cesspools—large underground tanks built in brickwork, sealed at the top—into which all the sewage of the house is discharged. Here the filth accumulates and putrefies, until removed periodically by manual labor. They act like immense brewing vessels, sending up deadly vapors which have no means of escape excepting back into the house. They frequently leak, and the poison escapes in that way. If at all permitted, the waste-pipe running into them should always be ventilated by connecting them with the draft-pipe before described, or with a flue. True these waste-pipes are usually trapped, but they are similar to other traps, and are open to the same objection; then the work of trapping is often so unskilfully done, as to render them liable to be siphoned out by the water from above.

There are other defects in street and house drainage to which I might call your attention, but most of them have been mentioned. In describing these defects the picture is by no means overdrawn; indeed, in one class of houses, I have not made it as strong as the facts would warrant. Take the houses built by the bonus operator, as he is called. He has an established reputation, one that he certainly merits, for building houses with the least material and poorest quality; houses built with the idea of their holding together until they pass

into other hands, which they sometimes fail to do. And yet with the inferior pipe, sometimes iron, condemned brick used instead of mortar, green lumber, defective flues and bad ventilation, after all his "scarlet" sin is the manner in which he drains these houses, in many cases simply a pipe connecting the house with the "main," into which empties the waste-pipe from water-closet, bath-tub, etc., and actually no trap at all, or perhaps one trap, and that placed on the main branch. There are hundreds of houses in this city drained after a fashion without any trap whatever, the consequence is they not only get the gas generated in their own branches, but in certain conditions of the atmosphere and directions of the wind they may get the benefit of the gas from a whole district.

I have called the attention of the "Club" to this matter of defective drainage, because I think it one of vital importance, and if the evil exists to the extent that I have endeavored to show, surely some reform is needed, and physicians should agitate the matter until some reform is brought about; until some steps are taken to prevent the extension of this defective system, and then endeavor to reform that already in existence.

We have building inspectors and inspectors of gas-pipe. It is quite as necessary, indeed more important to the public health, to have inspectors of plumbing and draining; then every person wishing to drain or plumb a house should be obliged to procure a permit from this inspector, whose duty it should be to inspect the work, and upon its completion furnish a certificate of its perfect construction.

A house imperfectly drained should no more be permitted than one whose walls are not perpendicular or fail to be of the proper thickness.

In conclusion, let us hope that the application of medical and engineering science may bring about this much-needed reform. Science is ever increasing its means of being effective, and we may safely trust that when once it has free access to apply itself to this great department of wellbeing, it will go on as it does in other departments, adding new triumphs to what it has already achieved. The great object in the meantime is to awaken the public at large to the extent of the field open to the exertions of this department of science, and this can best be done by showing the great extent of mortality from preventable causes.

A city to be healthy must have pure air and pure water, and in order to bring about this happy state of things we must have a perfect system of street and house drainage.

CASE OF POISONING BY CANTHARIS.

BY J. M. SCHLEY, M.D., OF NEW YORK.

(Read before the New York County Homœopathic Medical Society.)

ON the night of October 19th I was summoned to attend a patient, who I was told was suffering a great deal of pain in the abdomen. Thinking it only a case of colic I sent him medicine, telling the bearer if he did not improve within two hours to let me know and I would go to his house. At 1 A.M. was aroused to go and see patient, who was passing blood with his urine. At a quarter to two I reached his house. The patient, Mr. J——, æt. 20, a strong healthy man, well developed, brunette, had never had any serious sickness of any kind. At 5½ P.M., he had taken what I discovered afterwards to be about two drachms of a preparation of Cantharis, made up to be used as a fly-blister, to see if it would have any effect upon him, more especially upon his genito-urinary system. He went to dinner about 6 P.M., but had little or no appetite, and about half-past eight went to his room suffering much pain in his abdomen and in the region of his bladder. The first and most prominent symptom was an excruciating burning before passing water, which was increased as the water left the bladder. About 9 he commenced to have the most excruciating pain in his bladder, with the continual desire to pass his water, which could only be pressed out in drops, being often bloody, and sometimes small clots would pass through the urethra, producing so much agony that patient came near fainting on several occasions. About the same time his bowels moved several times, the passage being loose and without pain, except as the last feces passed from the rectum, when he would experience some pain and straining, which soon extended to the bladder, bringing on the most painful tenesmus, which was but little relieved when one or two drops of bloody urine passed. About 11 he commenced to vomit, which, however, produced little pain, as the contents of stomach came up easily.

I found patient walking restlessly up and down by his bed; he thought he felt better when upon his feet. He told me in a few hurried words the history of his sickness up to the moment when I saw him. What he most complained of then was a tearing-boring pain immediately over the region of his right kidney; it was painful for him to lie in any position, but when his back was bent in, he felt more comfortable. At

times he said the pain was most acute, and he would groan fearfully under the agony; this would last for several moments, when a short period of comparative ease would ensue, only to be succeeded by the old pain. This acute pain did not remain entirely localized to the region of the kidney, but followed the direction of the ureters. I attributed this symptom to the probable passing of small clots of blood from the kidney to the bladder. The greatest pain after this was produced by incessant vomiting and nausea. His retching was painful to look at, for after the most violent efforts he would bring up at most some of the administered medicine or a little mucus, but no bile at any time. If any one has ever felt what it is to be seasick and to have nothing in his stomach, he will know exactly the agony the patient was suffering, for he had crossed the ocean several times, and remarked to me that it was a similar feeling. He was troubled much with flatulency, which when belched up seemed to give temporary relief. There was much rumbling also in bowels. No pain in head. Pulse accelerated, 92; skin hot. He informed me that the desire to urinate was somewhat better, still every ten or fifteen minutes he would seize the chamber and under the greatest agony pass sometimes one-half ounce of urine without any appreciable appearance of blood, when probably the next time he would pass urine the first drop seemed to be almost pure blood. It was as the last drops passed the sphincter vesicæ that the pain amounted to torture, and though a young man of courage, his self-possession would forsake him, and his face betrayed what his sufferings were.

Clots still continued to pass him, and frequently they would pass with the first few drops of urine. I recollect, as I write these lines, a case of cystitis in an elderly gentleman complicated by pyelitis, which was a fac-simile of the symptoms enumerated in this case. With two exceptions did they differ—there were no excruciating pains in the region of the kidney, and he passed no clots of blood. *Cantharis* and *Arg. nit.* cured him of his acute symptoms; *Merc. corr.* of his pyelitis. As soon as I saw my patient I advised him to return to his bed. When giving him his medicine for the first time, he mentioned the difficulty he had in swallowing—even his saliva seemed to descend into the œsophagus with much difficulty. I noticed that in the things vomited there were streaks of blood intimately mixed with the mucus from the stomach, no doubt produced by the immense efforts made while retching. I prescribed Camphor 1st dil. as an anti-

dote, but it seemed to aggravate the nausea; so I discontinued its use, and gave Ipecac. every twenty minutes. This soon relieved the irritable condition of stomach, and I left him more comfortable at 4.30 A.M.

Perhaps a person more accustomed to scrutinize closely the symptoms of another, when either suffering from the toxicological effects of a medicine, or showing the abnormal symptoms traceable to the effect of a minimum dose, would have seen more to elicit his attention. The whole force of the poisonous dose seemed, thus far, to have spent itself upon the kidneys, bladder, and the terminal ends of the par vagum. I specify the termination of this nerve, as no other symptoms subsequently point to the base of the brain as being in any way affected.

The prominent symptoms drew so much attention upon themselves that one would have been apt to overlook less important ones. After submitting my patient to the minutest questions, nothing worthy of remark was elicited. The pain in his back was not limited to the right kidney exclusively; the left one suffered also, but in a slighter degree.

October 20th, 11.45 A.M. Patient felt better in every way. Pulse accelerated, 90; skin hot, and face somewhat flushed; he complained of headache and dull heavy feeling around his eyes. He also complained of great thirst and that his throat felt very dry. He spoke of a gnawing painful feeling over region of stomach, which extended into his back between his shoulders. He had always experienced discomfort on pressure over the bladder, which would produce the desire to micturate. The pain in his back over right kidney was better. The most prominent symptom left was the painful tenesmus on urinating. When the desire to micturate seized him, he would have to rise immediately, and any attempt to restrain the desire seemed to increase his agony. While I was in his room he had to pass his urine, and the first drop that passed his urethra was half blood. He passed probably two ounces, and on leaving it for a moment in the vessel a heavy bloody-colored deposit settled at the bottom.

8.30 P.M. Patient felt brighter; had taken two bowls of soup since I saw him. All symptoms of fever had disappeared, and his pulse had fallen to 48. I looked upon this as a further point to sustain my idea of an affection of the par vagum. The pulse was full, strong, and rhythmical. It did not remind one of a state to which we apply the name reaction, where we find the pulse more feeble and less full,

and sometimes arrhythmical. With all this the pulsation seemed labored. In health his pulse was about 72. His bowels had acted once. His head was better, pain about eyes gone. Pain in lumbar region greatly reduced. The irritation of bladder had improved much; he would not have to get up, sometimes, for two hours, but he would have to satisfy the desire immediately. His urine was bloody until the last time, about 8 o'clock, when, although apparently perfectly clear, he experienced the same terrible tenesmus. I asked for some of his urine to examine, but it had been thrown out. I told him to save me some on the morrow. Patient asked me to give him something to make him sleep, because he was so very "nervous" he threw himself constantly about in bed, and could not sleep. He was pale, and complained of being weak. Left him two doses of Hyoseyamus.

October 21st, 12 M. Patient slept quietly the greater part of night; had taken a light breakfast, and felt better and stronger. There was a shooting-darting pain in right temple and in right eye. Tongue coated white down centre, poor appetite, and he complained of an uncomfortable feeling in the stomach. After eating his breakfast he thought for a moment he would vomit it up; by remaining perfectly quiet this feeling passed off. Pulse 60, skin cool. Thirst much increased. On waking up about 7 had passed his urine, since which time had had no desire. Patient remarked that when he remained quietly on his back this desire to micturate was absent, but upon walking around or standing on his feet he would feel the necessity of passing his urine very often. On pressure over the region of bladder there was less pain. Patient said he had suffered intensely on passing his water at 7; there was much burning and the tenesmus seemed more painful and prolonged, so that even some time after his return to bed it had not entirely disappeared. Pain in back not entirely removed, bowels constipated.

Examination of urine.—The amount of urine passed this morning was four ounces; its color, when held up to the light, was a reddish-brown, showing the presence of a small amount of blood. Neutral on test. On adding Nit. ac., also when heated, albumen was precipitated in abundance, amounting perhaps to $\frac{1}{4}$ per cent. The presence of albumen was found to be caused by the large quantity of blood in the urine. Under the microscope a very large number of blood-corpuscles, occasionally pus-corpuscles, epithelia of bladder, and spheroidal cells from the tubuli uriniferi and pelvis of kidney were

to be found. The epithelia from bladder were more numerous than those from the kidney. There was some mucus, with which the blood-corpuscles seemed to be intimately mixed. There were no crystals, no casts. The pain in right kidney at commencement of sickness was no doubt due to an intense congestion, and the exacerbation of pain in that region to the rupture of a small artery, when a partial clot forming, its expulsion would produce an aggravation of the symptoms. The deposit at the bottom of the vessel, after standing some little time, was considerable.

October 22d, 12.15 P.M. Patient slept well, and in every way was better, with the exception of his bladder trouble. The desire to urinate was not increased, and when on his feet the urging to micturate was less than yesterday. Patient complained of a burning feeling in and near the orifice of his urethra when passing water, and occasionally also when perfectly quiet. This morning he noticed that the parts were slightly glued together. Skin cool. Pulse 60. Thirst still increased, no appetite.

October 23d, 12 M. Patient was sitting up partially dressed. Yesterday, at my morning visit, I noticed a brownish-yellowish appearance of skin; to-day this feature was much more developed, and patient complained of distresses in stomach, feeling nauseated after eating something, and as if a heavy load oppressed him. Appetite very poor, tongue much coated. Whether this phenomenon or icterus was produced by a gastro-duodenal catarrh, or whether it was caused from a nervous influence, it would be hard to decide. I incline to the former conclusion, as it is probable that the effects of the poison in the stomach did not remain localized, but extended into the duodenum. The constipation may have been a result of the bile not reaching the coats of the intestines, or of inactivity, a want of peristaltic action ensuing after the profuse diarrhœa which followed a few hours after taking the medicine. He could walk about with more comfort, not producing the desire to micturate as frequently as heretofore. Since rising this morning had evacuated bladder twice, on both occasions suffering much pain, but not in the same proportion as yesterday. During night had no desire to pass urine, but when it came could not retain it a moment. The appearance of the urine was a pale yellow. Patient had no pain otherwise, but felt weak. Bowels confined.

Examination of urine.—Reaction alkaline. Albumen present, but in less quantity. Under the microscope there was a

diminution of blood-corpuscles and epithelia from bladder. The cells from pelvis and kidney had diminished some in number, still they showed that the effects of the poisonous dose had not been entirely exhausted.

October 25th, 3 P.M. Patient went out yesterday and walked considerably, feeling, however, no inconvenience therefrom, producing no increased desire to micturate when more on his feet. Yesterday morning had much tenesmus on first urinating, but since then has suffered none. To-day he continues well, skin looks more natural, bowels moved and appetite improved. No pain on urinating, but must relieve himself promptly when the desire is felt. Feels weak, but suffers no pain in any portion of body. Urine light yellow, much deposit, reaction alkaline. On testing for albumen, both by heat and acid, a great decrease was shown. Microscope shows a marked diminution of blood-corpuscles, a diminished number of cells from kidney and epithelia of bladder. On the other hand there was much mucus, intermixed with large quantities of urates and some crystals of carbonate of ammonia.

October 28th. Patient's general condition good. Urine alkaline; no albumen; no blood-corpuscles. Increase of mucus, urates and epithelia of bladder, and an exceptional cell from kidney.

November 3d. Urine alkaline; much sediment. The microscopic examination showed large quantities of mucus, with epithelia of bladder, occasionally a cell from pelvis of kidney. The necessity to pass urine immediately when the desire was felt still continued. Patient's health good.

November 9th. Patient said his urine varied frequently in appearance now, sometimes being quite clear; this was more marked in the morning, whereas towards noon it would be very cloudy. Passes water more frequently without pain. Color of urine passed in my office decidedly more natural. Alkaline, large quantities of mucus, urates, epithelia from bladder and crystals of carbonate of ammonia. There were no cells from kidney. His general health was, he said, as good as ever, he being able to take long walks without suffering therefrom.

I could discover nothing in my questioning and examinations which showed me that the lung-tissue or the pleura had been in any way affected. There was no pain on breathing, no pain on pressure, no cough, nothing abnormal in auscultation. I have no doubt though, myself, but that symptoms showing beyond doubt affections of the respiratory organs are

real, and have been found. These facts probably occurred after the administration of infinitesimal doses. I fancy that often one may find a far different effect after a minute dose than after a large one, and that organs become involved in the one which seem to entirely escape after the administration of a toxicological dose. The alimentary canal, perhaps from the local effects of the drug, the urinary organs and the base of the brain seem to me the points most affected by the poisonous dose. The Malpighian bodies, the tubuli uriniferi, the pelvis of the kidney were certainly seriously involved and inflamed for three days after the drug was taken. No doubt the entire kidney was engorged and intensely congested, reminding one of nephritis vera or the first stage of morbus Brightii. The amount of urine, though at first increased, soon fell below the normal amount, for notwithstanding the frequent desire to urinate, a small quantity, sometimes a teaspoonful only, would be pressed out. The ureters did not escape. The superficial coats of the bladder were actively congested, and no doubt the congestion reached such a degree that hæmorrhages often ensued. This condition lasted in an acute form—lacking only the fever to make the picture of an acute cystitis perfect—for two or three days, when it gradually took on the chronic condition, and when I last saw the patient, for he left the city on the 10th of November to return to his home, he was suffering from chronic cystitis, where the submucous and deeper tissues had not remained entirely intact.

The most remarkable feature to me in the whole matter was the *entire absence* of all sexual desire, the organ remaining perfectly flabby throughout, neither did any erotic ideas of any description trouble the patient from the first moment when he commenced to feel the effects of the medicine until the more severe symptoms had subsided for five or six days.

The medicines administered were Camphor, Cannabis sativa, Arsenicum and Ipecac.

Within the past six months this patient, while on a visit to New York, presented himself at my office for examination. His urinary tract was found to be normal, his general health good. This was about a year after he came first under my care.

A SINGULAR CURE FOR CATARACT.

BY W. LOVELL DODGE, M.D., PHILADELPHIA.

Mrs. McM., an intelligent lady of about sixty years, lost the sight of right eye, and began to lose the sight of left eye. Consulted several of the best physicians of both schools of Philadelphia, who all pronounced it a cataract, and that nothing but an operation would restore her sight. An old woman told her to use the oil from a rabbit, in the eye, which she did twice a day, and in six months completely restored her sight, removed all traces of cataract, so that she can read without glasses, which she has not done for many years. She complained of constant dryness in the eyes, which the oil removed, and this was the only peculiar symptom.

MARCH MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, SECRETARY, ASSISTED BY DR. BENSON.

IN the absence of the President, Dr. Wells was elected temporary chairman. Present: Drs. Wells, Boyce, Rhodes, Bass, Chaffee, Nash, Ball, Benson, Warren, Frye, Brown, Parsell, Hinman, Garrison, Gwynn, Hawley, Brewster, Jones, Southwick, Nottingham, J. G. Bigelow and Miller.

The Secretary being called away, Dr. Benson kindly officiated in his place.

The chairman made a verbal report explaining the proposed bill respecting the Middletown Asylum. The amount of the printer's bill was \$7.60, which was ordered to be paid. Report accepted.

Dr. Boyce delivered an able and instructive address on the subject of electricity, the various forms and theories of this wonderful agent, and lucidly described the principal batteries in use, both for medical and mechanical purposes.

A vote of thanks was passed for Dr. Boyce's address.

Dr. Brown read a paper on "The Matter Motions of Remedies."

The Society adopted the following resolutions presented by Dr. Brown:

Resolved, That physicians of the homœopathic school who publicly vote for and advocate the liberty to disregard the law of "Similia" as the safer tested guide in selecting the curative remedy, thereby virtu-

ally acknowledge that they are incapable of choosing the proper homœopathic remedy, though they profess to believe the law true, while they claim the privilege and honor of practicing some opposing methods.

Resolved, That physicians who have fairly tested the law of "Similia" and found it unsafe as a therapeutic guide, will better show their love of liberty to their advantage by publishing the facts for further confirmation.

Resolved, That the liberty and truth we crave is that born of investigation, experience and demonstration.

The Secretary presented an address with resolutions on Eclectic Homœopathy, or the New Departure in Homœopathic Medicine, by Dr. Stow. Address accepted and resolutions adopted.

Subject for next meeting: Electricity, continued, including its therapeutic application in practice.

Adjourned until the annual meeting on the 3d Thursday in June.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY L. HOOPEES, M.D.

OWING to better accommodations being offered, the Society was convened at the La Pierre House, Philadelphia, April 10th, 1878, at 12.30 P.M., Vice-President, Dr. Pearce, in the chair, it being the regular semi-annual meeting.

Present: Drs. Pearce, M. Preston, C. Preston, J. B. Wood, Mercer, H. C. Wood, Perkins and Hoopes, and by invitation, Drs. Horace Still and B. W. James.

Minutes of previous meeting were read and approved.

Dr. B. W. James, on behalf of the Hahnemann Club of Philadelphia, extended an invitation to the Society to meet with that body in the evening to celebrate their fifth annual reunion. It was accepted, and a vote of thanks offered to Dr. James and the Hahnemann Club.

Dr. M. Preston had a case of ante flexion of uterus, which was relieved by Arg. nitr.; but when the menses came on the trouble returned, and was relieved again by Magn. mur. She was then troubled by constipation, with want of power to evacuate, which was relieved by Plat. The *symptoms* were all relieved, but the flexion still remained.

Dr. Mercer uses the juice of the flowers of Verb. thaps. as a local application in earache, with good effect. He prepares it by putting the blossoms in a tight glass jar, and hanging it in the sun, by the action of which the juice will be extracted.

Dr. Mercer related a case of fractured patella, in which the upper half was drawn high up on the front of the thigh. The fragments were drawn together, and secured by a splint made of three or four thicknesses of hat body ironed together, with an aperture made to receive the patella, and the splint moulded to the limb, and a similar one moulded posteriorly; both were padded and secured with a starched bandage. Union perfect; patient went out to business on the fifth day.

Dr. J. B. Wood offered the following remarks, entitled

MAGNANIMITY.

Some days ago I was the recipient of an advertisement, issued by a prominent druggist of this city (Philadelphia), entitled "Minimum Doses for Children and Others," in which some thirty drugs are mentioned, in doses of from $\frac{1}{10}$ th to the $\frac{1}{100}$ th of a grain, all sugar-coated, so as to render them pleasant for the patient.

In the introduction they claim that Dr. H. S. Dessau, of New York, offered before the Medical Association of that city a paper which, therapeutically considered, has more than ordinary value, which says that it has long been known by some medical practitioners that there is great potency in small doses at short intervals, and that Dr. Dessau has really done a service to the practice of medicine by giving prominence to some of the advantages of diminished doses, and that they should be frequently repeated, so that their effects may be sustained until a cure is effected.

Now mark: he strongly disavows homœopathic tendency, yet he is but repeating that for which the homœopathist has contended for more than three-fourths of a century.

Dr. Dessau goes on to say, in speaking of *Ringer's Handbook of Therapeutics*: "My attention was particularly attracted to the frequency with which he recommends small doses of medicine that we have been accustomed to use in much larger doses, for entirely different diseases. Some of these medicines were recommended so strongly that I was induced to give them a trial, more especially as my practice among children impels me, for many reasons, to administer as little unpleasant-tasting medicine as possible. Their use with children having first been found satisfactory, my position afforded me the further opportunity to test their value in cases of adults."

He also has discovered that Ipecac. in small doses is an excellent remedy for vomiting in children, whether due to stomach and intestinal disorders, or as a complication of pneumonia.

Still further discovery has been made by him that Arsenic in drop doses, hourly repeated, quickly relieves the morning vomiting of drunkards, and that Tartar emetic in doses of one grain to a pint of water, a teaspoonful every two hours, is a powerful remedy in the cure of bronchitis in children.

He also recommends *Mercury* in doses of one-sixth of a grain as entirely curative in syphilitic headache, and Corrosive sublimate in diarrhœa likely to be mistaken for dysentery.

In urticaria he claims to have cured all cases with drop doses of *Copaiba*, three times daily.

He also recommends *Ergot* in drop doses in retarded menstruation, and the cases remain cured.

Aconite receives the highest commendation, especially for the purpose of reducing temperature and checking inflammatory process, and speaks of this medicine as a powerful agent in small doses.

For sore throat and acute erysipelas he pronounces strongly in favor of small doses of *Belladonna*.

Nux vomica for sick headache also comes in for its share of praise, and he then winds up by saying: "If I am asked to explain on what principle these small doses act in certain diseases, I reply, on the principle so far as I know of actual experience (?). This is all we know about it. Some attribute it to a substitutive action, or, as a writer expresses it, the therapeutical action is the physiological antagonist of the disease action."

This very lucid explanation may satisfy the members of Dr. Dessau's own school, but all sensible homœopathists see in it the verification of the doctrine, to wit: that a medicine or drug which will create certain abnormal or diseased conditions in a healthy state of the system, will cure similar abnormal or diseased conditions in the sick.

A number of remarks were made on the recent action of the New York Homœopathic Medical Society in trying to compromise with the allopaths, thereby throwing disgrace on homœopathy. Drs. M. Preston, J. B. Wood, R. P. Mercer, C. Preston and C. W. Perkins were appointed a committee to prepare resolutions against the action of said society, until they acknowledge the law of similia.

Adjourned to meet at the residence of Dr. J. B. Wood, in West Chester, on the first Tuesday in July, 1878.

L. HOOPES,
Secretary.

ANNUAL MEETING OF THE ONONDAGA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, SECRETARY.

THE annual meeting of this Society was held in Syracuse, on May 7th, the President, Dr. Hawley, calling the meeting to order. The Treasurer reported cash in treasury \$54.80. The reports of the Secretary and Treasurer were accepted.

The following paper was then read by Dr. Young:

FERRUM MET.

BY J. E. YOUNG, M.D.

Ferrum may appropriately be classed among the remedies that are too much used and too little known.

Nature has given us an abundant supply, so much so that, like water, we do not appreciate its value; but when we consider that we ride on it and in it, on both land and water, eat and sleep on it, eat it in many herbs and vegetables, drink it from nature's springs as well as men's artificial fountains, and the great benefit we may derive from it as a medicinal agent, we begin to realize its worth to the human family. Our allopathic brethren use it as a stimulant or nerve tonic to enrich the blood by increasing the number of red corpuscles, thereby invigorating and building up the general health, prescribing it upon general principles, neither knowing nor caring what its specific effect will be upon the different organs of the body.

Given in large doses it has a stimulating effect upon the human system, increasing the heart's action, sending the blood coursing through the arteries and veins with increased vigor, mantling the cheeks with the flush of health and giving the exhausted muscles the elasticity of youth. This is its primary effect, and did it stop here all might be well. But, like all other drugs, it has its secondary effects, which are not so pleasing to contemplate.

When its use is persisted in it produces palpitation of the heart, nausea, loss of appetite, constipation of the bowels, languor and lassitude of the whole body. The cheeks grow

pale and hollow, with bluish streaks beneath the eyes. The tongue becomes pale and flabby, the muscles soft and yielding, and in the female loss of the menstrual function, thus forming a very good simile or picture of the chlorotic state, one of the diseases in which it is our most successful remedy, because it is in accord with our homœopathic law, *similia similibus curantur*.

Like all other remedies, Ferrum must be well and often studied in order to prescribe it with precision. I have endeavored in this paper only to bring forward a few of its most characteristic symptoms, and those which have been impressed upon my mind while studying and using the remedy.

Head.—Mental depression, gloomy foreboding thoughts. Nervous excitability, anxiety. Confusion of the mind, with hammering beating sensation in the head.

Throat.—Sensation of a plug in the throat during empty deglutition, but not when eating or drinking.

Stomach.—Nausea. Eructation. Regurgitation of food. The stomach feels full and bloated after eating a few mouthfuls, with burning heat in the stomach. Rumbling in the bowels, with a constant feeling as though they were going to move.

Heart.—Drawing constrictive pain in the region of the heart. It decreases its action, but increases the strength of its beats.

Upper Extremities.—It seems to have a very marked action upon the right arm and shoulder. The flesh is sore to the touch, feels bruised, motion aggravates. External heat applied relieves the pain. Swelling and stiffness of the arm and hand. Cramping of the fingers, with coldness, numbness and trembling of the hands.

Some of the general symptoms are frequent and sudden attacks of trembling throughout the body, with great weakness, lassitude, and desire to sleep, which does not relieve. Hands and feet almost continually cold.

With Ferrum Dr. Garrison had cured a case of continued vomiting *without nausea*; a case of headache, with bursting pain and *facial flushing*, and a case of hæmoptysis.

With this remedy Dr. Young had cured a case of rheumatism in right shoulder and arm; so sensitive, could not bear to touch the parts. He had often observed that this drug, when given allopathically as a tonic, produced *palpitation of the heart*.

Dr. Garrison had observed as its pathogenetic effects, when

given allopathically, *palpitation of the heart, bursting headache, and facial flushes of heat.*

Dr. Hawley remarked that, many years ago, Citrate of iron was a favorite allopathic prescription for amenorrhœa.

The following amendment to the Constitution was adopted:

"Any member violating the code of ethics shall, on conviction thereof, be liable to expulsion from the Society."

[Our code of ethics is the same as that of the American Institute of Homœopathy.—M.]

The following amendment to the By-Laws was also adopted:

"The initiation fee shall be one dollar."

The following are the Committee to publish the Constitution, By-Laws, Code of Ethics, and List of Members: Drs. Brewster and Miller.

ELECTION OF OFFICERS.

The following officers were elected for the ensuing year: President, Dr. J. G. Bigelow; Vice-President, Dr. J. E. Young; Secretary and Treasurer, Dr. A. B. Kinne. Censors: Drs. Nottingham, Miller and Hawley.

On retiring from the presidency Dr. Hawley made some appropriate remarks. He alluded to the fact that the members generally had promptly responded, when requested during the past year to prepare essays for the regular monthly meetings of this Society, and that in no previous year had the Society made such progress in the study of materia medica, a thorough knowledge of which was so vital to our success in healing the sick. He remarked that the interest in these discussions had been sustained in a high degree, and he hoped that the same degree of interest would be maintained throughout the coming year.

The new President made a graceful acknowledgment of the honor conferred.

Since, among the metals, Aurum, Argentum, and Ferrum had been previously discussed, Cuprum was selected as the subject for consideration at the next meeting. The following essayists were appointed: Drs. Miller, Hawley and Brewster.

Adjourned to Tuesday, July 2d.

BLOCK ISLAND AS A SANITARIUM.

BY GEORGE R. PECK, M.D.

TEN miles southwest of Point Judith, that terror of Newport visitants, lies Block Island, "gem of the ocean." Since the construction of a breakwater upon the northeastern shore,

whereby easy landing is effected from a steamer's deck, this has become quite a summer resort. Its area is ten and a half square miles, its surface very uneven and dotted with numerous fresh-water ponds. These last are fed by perennial springs whose source is the clouds; for though the soil is moderately light, beneath rests a conformable stratum of clay, which retains the entire rainfall. Formerly every foot of land was covered with boulders, mementoes of Labrador and the Glacial Period. Most of these have been removed and agricultural products in appropriate season occupy their place. The island never suffers from drought, nor yet from excessive heat. The summer of 1876 was accounted unusually warm, and yet the mercury never rose above 86° F. During the following winter it fell only to 8° F. Frosts never appear between April 1st and November 1st, frequently not until December 1st. The months of February and March afford the greatest employment to a physician. The fogs apparently exert no injurious influence. The population of the island is 1147, of whom 29.64 per cent. are under fifteen years, and 9.59 per cent. over sixty years. Of this last class, 36 are between seventy and eighty, and 13 between eighty and ninety. Dr. T. H. Mann, of Woonsocket, R. I., who served the inhabitants for four years, ending with the summer of 1876, informs me that the annual death rate during his stay was nine; that previously under so-called allopathic *régime* it was twenty. It is certain that while his predecessors made fine incomes out of the ills of the people, he so reduced the duration of and tendency to disease, that he was unable to provide a suitable support for his family. Let no one suppose there was any dissatisfaction regarding him. An experienced allopath, upon one occasion, came upon the island with the avowed purpose of running the homœopath off. In less than a month he applied to Dr. Mann for funds to reach the mainland, which were promptly furnished.

What diseases prevail on Block Island? Chiefly kidney troubles with tendency to lithic calculi. There is but one case of Bright's disease, and only one death occurred from diabetes; this was due to syphilitic taint. Formerly every illness possessed a scorbutic tinge, but under Dr. Mann's sagacious sanitary recommendations nearly every trace of that difficulty has disappeared. Persons afflicted with catarrh are benefited by a sojourn there, and often are completely cured. Bronchitis is rare, and but four cases of pneumonia occurred during his stay. He lost four patients from consumption, all females,

and left one indicating tendencies towards that disease, who was still engaged in her ordinary household duties. He had but one case of typhoid fever, though quite a number manifested so-called typhoid symptoms.

Previously, this was an important cause of mortality. But one epidemic prevailed during his residence there, and that was of measles; it attacked every person on the west side of the island, old or young, who had not previously experienced the disorder. It occurred soon after his arrival, and as he neither lost any nor permitted injurious traces to remain (a thing before unheard of by the islanders), his reputation was established and the island secured to homœopathy. Autumnal catarrh is but slightly modified, if at all, by residence on the island, showing that its exciting causes are present; indeed, artemisia is very abundant. There is a strong tendency towards constipation and dependent disorders on the part of the islanders. The only constitutional or psoric remedies from which Dr. Mann obtained decided effects were *Calcarea carb.*, in any potency, and *Lycopodium* in the 30th. My impression is that upon one occasion in private conversation, he remarked that he had found *Natrum muriaticum* in all attenuations practically inert.

The island is entirely free from the continental atmosphere and its influences. So emphatically is this true that upon approaching the mainland after a few months' residence, one is immediately impressed with a different odor of a land breeze.

Riding and walking, boating and fishing, are the chief recreations. Of course there is good sea-bathing. One of the chief advantages, however, is the perfect quiet and rest which may be enjoyed, if one is thus disposed. It is but two hours from Newport, and for invalids is preferable, among other reasons, because of the greater purity of air offered for use in and about their rooms.

During the summer the celebrated steamer *Canonicus*, war dispatch boat, visits the island every week, sailing thrice from Providence and thrice from Fall River, touching each trip at Newport. Other boats run less frequently from New London, Stonington, Norwich, etc. Besides these, there is a tri-weekly packet line to Newport during the entire year. Board may be obtained at the cottages of the islanders, or at the hotels, of which there are at least two good ones. That owned by the Hon. Nicholas Ball is preferable for many reasons, which would speedily reveal themselves to the guest. In this con-

nection it is proper to state simply that it is nearest the physician's residence, not ten minutes' walk removed. Mr. Ball is the foremost man of the island, generally represents the town (New Shoreham) in one or the other branch of the State legislature, is public-spirited, liberal in his views, honorable and honest in all his transactions. This I can confidently affirm, although I have never exchanged a dozen words with him, simply boarding at his hotel two full days the past summer when called to the island on business. There are two churches on the island, a regular and a free-will Baptist Church. The pastor of the former is quite an able man. There are no liquor saloons to be found. Recently an academy has been opened to prepare young men for college or business. Dr. Mann's successor has had an experience of ten or fifteen years, and is accounted very capable.

CORRESPONDENCE.

ATLANTIC CITY AS A HEALTH RESORT IN WINTER.

ATLANTIC CITY, N. J., February 14th, 1878.

DEAR EDITOR HAHNEMANNIAN MONTHLY: I am a fugitive, not from justice, but "from the wrath" that comes of overwork and loss of sleep. Under such a necessity I left home for a sojourn here of a few days' duration, and as I did not come for pleasure there was no disappointment in not finding the place as lively as in summer; but as Atlantic City now has a permanent population of 3000 there is quite a snug little community left through the winter. As it has become more or less the custom of late years for some physicians to send patients to the seashore during the winter season, it may not be uninteresting to make a few remarks on that subject.

Great caution should be observed in giving such advice. In the first place the climate on the shore is very changeable; the houses are nearly all *summer* houses, and, with the exception of those recently built, without chimneys, and where they do exist it is said great difficulty is experienced at times with coal gas. This I suppose is caused by the strong winds which so often blow. One great disadvantage therefore is, that few of the houses are heated as ours are in the large cities.

Some of the newest ones, however, have been built with all the conveniences possible for heating with stoves; but as none of them can have cellars, heating by furnace cannot be accomplished without too much expense and inconvenience.

Another oversight in the construction of houses here is, that not even those of the most recent build have bath-rooms attached. This is a great defect, particularly as regards winter visitors. Although the hot baths are now open, it would be strongly against a careful physician's advice for any person, more especially an invalid, to take a hot bath and then to come out into the cold air. Even in summer it would be a great convenience for many to have a bath attached to the house in which they are living.

From the foregoing remarks you will readily see that we should be very careful about recommending *invalids* to the shore; but for a certain class, those who are in need of change, quiet and rest, it is much better they come here, than go where there is more or less of excitement and inducements for dissipation. Such patients are able to go out every day, and can endure the sudden changes without fear, while the air, influenced by the sea, is bracing and appetizing.

The mean temperature of Atlantic City is somewhat higher than inland, and during the winter months especially is this the case when the wind is low, or blowing from the ocean, with not too great a velocity, and influenced as is supposed by the waters of the Gulf Stream.

There are quite a number of new houses building this winter of a much better class than heretofore.

But the greatest and most momentous questions of all that stare the "City by the Sea," in the face, are the necessity of pure water for culinary and drinking purposes, and that of drainage.

The first difficulty is pretty much overcome by the catching of rain water. Water can be obtained by digging wells of but a shallow depth, but it is not wholesome, and must be more or less contaminated as all surface water is apt to be; it is utterly unsafe for drinking purposes.

The question of drainage must be looked at squarely as an important matter beyond any other. As they cannot drain into the sea for various reasons plain to all, neither into the rivers back of them for the same reasons, what is to be done but to build cesspools well walled and cemented, and these to be kept well cleansed by the odorless system, and the contents manufactured into fertilizers?

The beach, which is constantly changing, is the finest at the present time that I have ever seen, extending for about two miles in length, and as level as a floor.

Fraternally yours,

C. S. MIDDLETON, M.D.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE annual meeting of the Society was held on Thursday evening, April 11th, 1878, the Vice-President, Dr. Augustus Korndorfer, in the chair.

The minutes of the preceding meeting having been read and approved, Dr. C. Mohr submitted the name of Dr. George Hosfeld for membership. Under a suspension of the rules, Dr. Hosfeld was unanimously elected a member of the Society.

At 9 o'clock, the annual election resulted in the choice of:

Dr. John K. Lee, for President; Dr. E. A. Farrington, for Vice-President; Dr. A. H. Ashton, for Treasurer; Dr. Charles Mohr, for Secretary; Dr. John C. Morgan, for Scribe; Dr. Henry N. Guernsey, Dr. Ad. Lippe, and Dr. C. E. Toothaker, for Censors; Dr. Ad. Lippe and Dr. E. A. Farrington, for Committee on Provings.

No paper being ready for discussion, voluntary contributions were called for, when

Dr. Jos. H. Warrington reported the death of two adults, of Berlin, Camden County, N. J., who died quite suddenly, the principal symptoms being violent cramps and vomiting, and under circumstances that led to the suspicion of poisoning, though a post-mortem examination revealed nothing.

Dr. Charles Mohr reported a similar case, in this city, under allopathic treatment, the patient having been a woman in the last stages of gestation, and supposed to be in labor ten minutes before her sudden death. No post-mortem was allowed.

Dr. A. Korndorfer reported a case of a lad, æt. fourteen, apparently healthy, who complained suddenly of pains in abdomen, had nausea and vomiting, and showed pretty clear indications for *Arsenic*. The day following was called suddenly to see patient, and found him in a state of collapse, and though *Camphor* was administered the boy died half an hour afterwards. The post-mortem revealed six feet of inflamed gut, one part entirely denuded of peritoneum, and the omentum was found ulcerated, a large ulcer being located at a point over the pubis. The abdominal cavity contained a quart of pus. The boy had merely complained of feeling unwell. Death was the result of suppurative peritonitis.

Dr. H. N. Guernsey related the case of a lady, æt. twenty-five, who died of a similar condition, from no assignable cause, and thought the development of such conditions might be due to *psora*, and come spontaneously.

Dr. A. Korndorfer said persons, especially housekeepers, frequently sustained injuries by running against the corners of tables, etc., whilst hastily going about the house in the dark, and that sometimes an injury to the abdomen of this nature arouses the psoric taint to action, developing just such a state of affairs as the post-mortem had revealed in the case reported by him.

Dr. A. Korndorfer then called the attention of the Society to the sale of quack nostrums sold by some pharmacutists, who falsely claimed them to be homœopathic preparations. This practice, he urged, should be condemned, and the patronage of the profession should be withheld from any pharmacist who engaged in this traffic.

In reply to an inquiry, Dr. H. N. Guernsey stated that Dr. F. E. Boericke, of Messrs. Boericke & Tafel, denied all knowledge of such preparations.

On motion of Dr. Joseph C. Guernsey, the whole matter was

referred to a committee, consisting of Drs. H. N. Guernsey, J. K. Lee, A. Korndorfer, and C. Mohr, with instructions to investigate and report at the next meeting for immediate action; then

Dr. C. Mohr moved the appointment of a committee to receive reports of interesting clinical cases to be read to the Society. After some discussion the motion was carried, and the Censors were appointed to receive and report such contributions.

Dr. Joseph C. Guernsey was appointed essayist for the May meeting, and then the Society adjourned.

THE HAHNEMANN CLUB OF PHILADELPHIA.

THE annual reunion of the Club was held this evening, April 10th, on the one hundred and twenty-third anniversary of the birthday of Hahnemann, at Morse's parlors, 912 Arch Street.

The President, Dr. Robert J. McClatchey, opened the meeting at 8½ o'clock, and delivered the following address:

Fellow-Members of the Hahnemann Medical Club of Philadelphia:

On the 10th of April, 1833, the Hahnemannian Medical Society was organized in Philadelphia on the anniversary of the birthday of Hahnemann. To-night is the 10th of April.

We are assembled to-night in our Fifth Annual Reunion, but for the first time in our brief history we present ourselves as an organization before the general profession. A brief statement of the objects and workings of the Club will not be amiss at this time, and will serve as a retrospect for its members, and a description for our guests who have honored us with their presence to-night.

The Club was instituted for purposes of personal friendships, and for the cultivation of social relations and of medical science at the same time. That it has well fulfilled its mission up to this night we are all ready to attest. Not only have its members felt drawn towards each other by common ties and by a feeling of brotherhood, but the kindliness thus engendered has gone out to the whole profession, and fostered in a high degree that feeling of general brotherhood which should be a part of the medical profession, and more especially of the

homœopathic medical profession, which is, to a great extent, made to suffer from the unkindliness and want of fraternal feeling upon the part of those who see fit to look upon us as their opponents and enemies.

So potent for good in this direction has the Hahnemann Club been, that by its influence two men of large hearts and noble natures, who, with or without cause, had learned to look askance at each other, were brought together and the friendship of former days more than renewed.

So strong is this feeling of fraternity with the Club membership, that the sickness or other misfortune of a member is felt as a family sorrow, and the success of a member is hailed as a family honor. The absence of one of our number, prostrated by disease and languishing upon the couch of suffering, is keenly felt by us all. He has our heartfelt sympathy, and he knows that it goes out to him *at all times*, but more especially at this, our annual gathering, where his genial and kindly nature and good fellowship will be greatly missed.

And yet notwithstanding all this feeling of personal friendship, the organization has been and will be kept free from anything like clannishness or partisanship under any and all circumstances.

The success of the Club as an organization for the improvement of its members in medical science has been as great perhaps as its social nature could admit of. Every member has selected a special department of medicine, upon which to report from time to time, and the papers thus prepared have been fully and freely discussed at the monthly meetings. Questions of interest to physicians have been propounded from month to month, and referred for answer to the member to whose branch or department they belonged. In this way the members have kept themselves *au courant* with the new things in medicine and wide-awake to all suggestions.

As a special work the Club, about four years ago, took into consideration the feasibility of establishing a children's homœopathic hospital. After careful and deliberate planning, and the enlistment in the good work of a large number of noble men and women outside the profession, and the assistance of some professional brethren, the "Children's Homœopathic Hospital of Philadelphia" was chartered and established nearly a year ago, and has proven to be a great blessing to many sick children and adults, and a credit to homœopathy. A "grand fair" held in its behalf last winter, was a remarkable success, and netted for the hospital upwards of \$3000.

Ten beds in the hospital are filled nearly all the time, and a daily clinic furnishes advice and medicine to an average of twenty-five sick persons per day. Although this hospital was established and has been fostered thus far mainly through the instrumentality of the members of the Club, and its present medical staff is composed very largely of Club members, yet its medical appointments and directorships are open to all members of our school in this city, and to all laymen, the "contributors" constituting the controlling power.

Our Club presents, in its membership, all shades of homœopathic medical opinion, and represents all degrees in the homœopathic ranks, from the so-called "pure Hahnemannian" to the so-called "mongrel," and yet its members are able to discuss every question that comes before them with perfect freedom of speech, and yet without that feeling of *personal* disagreement and *personal* affront which is so common, and yet which should be so foreign to the discussion of medical affairs.

This is doubtless due in part to the strong feeling of personal friendliness which Club fellowship engenders; but it is likewise unmistakably due to the fact that every member has determined to examine and discuss every question presented in the true spirit of philosophical inquiry, and to "give and take" in the true spirit of good nature.

"Liberty of medical opinion and action" is our motto, and every member "proves all things and holds fast that which is good" *in his opinion*.

But while we are thus liberal in opinion and action, there is one point upon which we are all of *one* mind, and that is the feeling of patriotism, so to speak, for homœopathy.

As philosophers we are not willing to asseverate that the formula *similia similibus curantur* is expressive of the *ne plus ultra* of medical truth, and as medical men we are willing to believe that there may be auxiliary or supplementary principles, discovered or discoverable; but we *do* believe that true medical reform commenced in Hahnemann's *Organon*, and that the method of healing the sick in accordance with the homœopathic principle, wrought out in the mind of the greatest genius of his age, and proven to be true by him and by thousands of others, has never been refuted by philosophical discussion, never disproved by fair and unbiassed inquiry or experiment, and is to-day the simplest, speediest, and best method of cure known to the medical world, and the only method not founded upon the fallacies of individual experi-

ences or the dogmatism of exalted personages in the medical world.

In other societies than this, and in other cities, unconsidered words spoken in high places, and caught up by the faithful chroniclers of the daily press and scattered broadcast over the land, have created perhaps in the minds of some the impression that homœopathists are deserting their principles and are false to the teachings of Hahnemann. This *we* know is by no means true; for the most radical utterance of any member of the school was simply an assertion of liberty of medical opinion and action, made more assertive perhaps that it otherwise would have been by an attempt to fetter with standards of "orthodoxy."

The Hahnemann Club desires to place itself fairly and squarely on record as being composed of men who practice homœopathy, and who venerate the memory of, and believe in the homœopathic doctrines taught by Samuel Hahnemann, and yet do not, thereby, acknowledge themselves blind and deaf to new methods and new truths. And this we believe to be the position of the homœopathic school nearly in its entirety, notwithstanding that the unconsidered statements I have alluded to *seem* to point to radical differences in the ranks.

[*En passant*, the homœopathists of Philadelphia may congratulate themselves upon the fact that while troubles have arisen elsewhere, all has been calm and peaceful here. Never, perhaps, in the history of homœopathy in Philadelphia, has there been a stronger feeling of brotherhood or a greater degree of harmony in the profession than now.]

We have assembled in annual reunion, as I before remarked, and have chosen this day, the 10th of April, for doing so, that we may, at the same time, do honor to the memory of a great and good man, the great medical reformer, SAMUEL HAHNEMANN. To add to the dignity and pleasure of the occasion, and to do ourselves honor, we have invited to join with us our oldest and wisest men and many other of our medical friends, and we are happy at seeing so many of them with us. We invited the remaining members of the faculty of the first and oldest homœopathic college in the world, the Allentown Academy, viz., Drs. Constantine Hering, of Philadelphia, the venerable and the venerated, the master of homœopathy in America; Dr. Henry Detwiler, of Easton, the man who made the first homœopathic prescription in this State, and who, though bowed and wrinkled with honorable years, yet

has the fire of youth and the soul of a well-tried warrior in him, in all things that concern homœopathy, and Dr. John Romig, of Allentown, equally well known and equally regarded, but whose great merits pale before his life-long modesty. These are guests whom all delight to honor, and who do us honor by being with us.

We also invited the faculty of the Homœopathic College of this city, next to Allentown Academy the oldest homœopathic college in the world, whose graduates are numbered by thousands, and whose sons return, again and again, to their *alma mater*, to become teachers of the growing medical mind. We are also glad to see these, our fellow-workers, among us.

Invitations were likewise extended to our professional brethren not connected with the colleges, and it does us good to see that so many have responded.

Gentlemen, our honored guests, in the name of the Club I bid you all hearty welcome, and invite you to take part in our exercises, to participate in our discussions, and by and by to partake with us of something more substantial than the papers and discussions.

We would commend our Club to your kindest consideration, and in view of our experience we would recommend the formation of similar organizations, at all events among the younger members of the profession. The feeling of personal friendship engendered by club membership, will be extended to others outside the Club, and to other clubs, and thus will the body homœopathic of this great city be abundantly leavened with personal and society friendships that cannot fail of producing great good.

"A principal fruit of friendship," says Bacon, "is the ease and discharge of the fulness of the heart, which passions of all kinds do cause and induce. We know diseases of stoppings and suffocations are the most dangerous in the body, and it is not much otherwise in the mind. You may take Sarza to open the liver, Steel to open the spleen, Flower of sulphur for the lungs, Castoreum for the brain, but no receipt openeth the heart but a true friend, to whom you may impart griefs, joys, fears, hopes, suspicions, counsels, and whatsoever lieth upon the heart to oppress it, in a kind of civil shrift or confession."

The members were then called upon for papers, when the following were presented and read by their authors, and discussion entered into upon them, the invited guests taking part in the exercises :

Coca as a Substitute for Stimulants, by Pemberton Dudley, M.D. Discussed by Ernest A. Farrington, M.D., Joseph C. Guernsey, M.D., and Pemberton Dudley, M.D.

Heart Diseases—Mitral Insufficiency, by Bushrod W. James, M.D. Discussed by Augustus Korndörfer, M.D., H. F. Hunt, M.D., and J. C. Morgan, M.D.

Chorea, by William H. H. Neville, M.D. Discussed by Pemberton Dudley, M.D., O. B. Gause, M.D., J. C. Morgan, M.D., and H. F. Hunt, M.D.,

Bromide of Potassium, by Augustus Korndörfer, M.D. Discussed by Mahlon M. Walker, M.D.

Chronic Urethritis, by John E. James, M.D. Discussed by William H. H. Neville, M.D.

Membranous Croup, by C. S. Middleton, M.D. Discussed by A. H. Ashton, M.D.

Nephralgia, by Mahlon M. Walker, M.D. Discussed by Bushrod W. James, M.D.

Spasmus Glottidis, by Ernest A. Farrington, M.D. Discussed by C. S. Middleton, M.D.

Galvano-Cautery, by B. F. Betts, M.D. Discussed by John E. James, M.D.

A number of these papers are herewith presented :

VALVULAR HEART DISEASE—MITRAL INSUFFICIENCY.

BY BUSHROD W. JAMES, A.M., M.D.

The mitral valve is the one most frequently affected in this country. The aortic probably the most in England.

The diseases it is subject to are arranged as follows :

1st. Those that affect the valves, as vegetations on them, ossification or thickening of their structure.

2d. Those that affect the orifice, such as constriction, either from a thickening of the margins, or vegetations, or atheromatous growths, or, on the other hand, dilatation.

They may be termed incurable cases, that is, pathologically considered, for the structures here, once thoroughly altered, do not regain their former normal condition, and yet remedies will remove many, and in some instances all of the uncomfortable sensations at or near the seat of the lesion.

A disease located in the valves, or in the orifices which they close, as a consequence produces some irregularity in the circulation, and the weaker structures or organ of any particular case will feel the influence of this interruption, and a diseased state results at that point, and hence we have functional de-

rangements in some distant part of the body depending solely on the valvular disease of the heart, and this is one reason that patients have so slight a hold upon life independent of the probability of the cessation of the heart's action from the organic disease itself.

We will summarize the results and the induced conditions of mitral insufficiency, and the diagnostic symptoms and the most useful remedies in the treatment.

MITRAL SYMPTOMS OF INADEQUATE CLOSURE OF THE VALVE—GENERAL RESULTS.

1st. Allows a reflow of a part of the arterial blood back into the left ventricle, and this causes a blowing sound at the seat of this valve, heard during first sound of the heart at its apex. (*Spigelia*.)

2d. The flow of blood coming from the lungs through the pulmonary vein is correspondingly impeded, and the additional pressure has a tendency to dilate this vein, and also the same cause (the pressure) dilates the left auricle in process of time. A louder second sound of the heart is now heard, and is a very diagnostic sign.

3d. The next result is a drawing back of the blood in the lungs, and producing a liability to stagnation there, with results such as dyspnœa, pulmonary and bronchial congestions and inflammations, periodical hæmoptysis, bronchial catarrhs, etc. (*Digitalis*.)

4th. Tracing the effects further, we find that owing to the impeded circulation through the lungs, the pulmonary artery and right ventricle have greater labor to force the venous blood into the lungs, and they in time become dilated, and the extra work that the right ventricle is now doing induces hypertrophy, and where this is well pronounced a dulness on percussion is noticeable over a large area in the cardiac region.

5th. The damage does not always stop here, for this surcharging likewise affects the right auricle and the *venæ cavæ*, and the veins emptying thereinto and the thoracic duct.

The fluids thus pass along more sluggishly than in a healthy state, and hence cause the latter abnormal conditions of hepatic, renal, enteric, gastric, splenic, pancreatic, cerebral and spinal congestions and inflammations, according to the lesser resisting power that may exist in individual temperaments.

6th. Still later we have anæmia, cyanosis, general debility, and among the later conditions hydrops and a giving out of the vital powers.

7th. The direct and immediate local symptoms of mitral insufficiency are mainly these, modified, of course, by various temperaments and state of the system of the individuals affected.

For diagnosis these are not sufficient; we must have the characteristic blowing murmur before deciding, for it is present from the beginning, and sometimes we also have a thrill, but this latter is not invariable.

Later in the progress of the valvular insufficiency, comes the additional signs, left ventricular dilatation and hypertrophy, and then the most permanent pulmonary engorgements, then the right ventricular dilatation and hypertrophy, and the same right auricular states, and finally heart failure, or possibly fatal organic obstruction, or diseases in remote parts of the body.

The first symptom is palpitation, but this is so very uncertain, as it is so frequently due to a nervous state of the system, or to debility, especially from loss of blood, that it has no diagnostic value.

The second is debility and sudden weak feelings, especially præcordial.

The next symptom is a breathlessness, on the movement which causes an extra action of the heart's movement; this is unreliable like the other.

However, if these symptoms occur with the other exciting causes absent, they are then of some value, the pulse becomes weakened.

Congestion of the lungs is the next noticeable symptom in the early stage of mitral insufficiency, and accompanying this is a slight tendency to cough, an annoying hacking, as if to clear away mucus or relieve a fulness from the bronchia.

In doing this some thin mucus is expectorated, and this is at times lined with little streaks of blood, which, as time rolls on, may assume the form of a little clot of blood, or a mouthful or two, or even a hæmorrhage.

Hæmorrhages are more common, however, when the mitral orifice is narrowed.

Dyspnœa comes on with the pulmonary congestion.

TREATMENT.

Rest.—This is the prime remedy in all heart disorders, especially in their incipient stages, and it must include physical, mental and emotional quiet, as far as possible.

As a general rule, the more active in habits and excited a patient is, after valvular insufficiency occurs, the more rapidly will the secondary diseased states above referred to be induced, and his death hastened, and *vice versa* his life prolonged. The avoidance of all excitements, and all exciting and sympathetic causes of aggravation being first insisted upon, we then select the homœopathic medicinal agent.

Arsenicum alb. is the first one to be thought of; it has the palpitation, debility, weakened pulse and oppression, as indicative symptoms.

The next is *Digitalis purp.* This remedy, in its primary action, has a tonic effect upon the muscular structures of the heart, and has a beneficial action upon the engorgements of the lungs, head, and other organs, which the disease of the heart produces.

Spigelia ant. comes next in order, having even the very characteristic and diagnostic sign of systolic blowing at the apex.

Gelsemium semp., *Cimicifuga* or *Actea racemosa*, *Lilium tigrinum*, *Anacardium ort.*, *Cactus grandiflora*, *Naja tripudians* (especially where the nervous system is much involved, and where hypertrophy is going on).

Lycopus virginica (the latter is also useful in exophthalmic goitre), *Aconit. nap.*, Sulphur.

I have named these remedies in the order in which I have found them most generally indicated in cardiac disease, where the mitral has been the valve and orifice involved.

I will now give the chest, heart, and pulse symptoms more fully of each of these remedies.

Arsenicum album.

Chest.—Pains in the chest; burning in the chest; tightness of chest, as if bound by a hoop; *oppression of the chest when walking fast*; stitches under the ribs; headache, as if heat were in it, during cough. In the chest, a stitching, tearing, tensive, pressing and burning pain. Stitching in the left chest during an inspiration, which was impeded by the stitching, obliging him to cough. Stitching pain in the sternum, from below upwards, when coughing; very great præcordial anxiety; great oppression in the præcordial region.

Heart.—*The heart-beats are irritable.* Feeble and hurried action of the heart. *Palpitation of the heart* when lying on the back. The heart beats much faster and stronger. *Irrég-*

ular palpitation of the heart, but so violent at night that he imagines he hears it, accompanied with anguish. Palpitation of the heart and tremulous weakness after stool; absence of pulse, with frequent irritated beating of the heart.

Pulse.—Quick, weak, and irregular; unequal, occasional fluttering, scarcely noticeable.

Digitalis purp.

Chest.—Edema of the lungs; weary sensations across the chest to the left side; tension in the chest and pressure in the pit of the stomach, frequently obliging the patient to take a deep breath; suffocation, painful constriction of the chest, as if the internal parts were grown together, especially in the morning on waking; obliged to quickly sit upright.

Contractive pain in the sternum, aggravated by bending forward the head and upper portion of the body. Tension in the left side of the chest, on becoming erect, as if the parts were contracted. Violent drawing-pressive pain in the lower portion of the right side of the chest, in the evening, preventing sleep. Sharp stitches in the chest, on the right side, above the pit of the stomach. Fine stitches, corrosive, itching, sticking, rhythmical with the pulse, in the left side, on a line with the pit of the stomach.

Heart.—Dull uneasiness in various parts of the region of the heart, with a sensation of weakness of the forearm. *A sudden sensation as though the heart stood still, with great anxiety.* Single, violent, slow heart-beats, with sudden violent heat in the occiput and transient unconsciousness, the whole lasting only a moment. Oppressive sensation in the heart, and need to inspire deeper. Action of the heart strong and energetic; this increased action extends over the entire left side; first sound dull and prolonged, the second clear; beats intermittent and irregular. Congestion of the head, and roaring and ringing in the ears. Action of the heart feeble, and constantly accompanied by palpitations.

The heart's action loses its force; its beats are frequent and intermittent, and sometimes irregular. Scarcely perceptible beating of the heart. Palpitation and uneasy feeling at the heart, readily excited by even moderate exercise. Inflammation of the pericardium, with copious serous exudation.

Pulse.—Small, irregular; slow, particularly when at rest; becomes accelerated, full and hard from every motion; intermittent, the third, fifth, or seventh beat.

Spigelia anth.

Chest.—Constriction in the chest, with anxiety and difficulty of breathing; stitches in the chest, worse from the least movement, or when breathing; sensation of tearing in the chest; trembling sensation in the chest, aggravated from the least movement; can lie only on the right side with the head high; hydrothorax, dyspnœa and suffocating attacks on moving and raising the arms up; can only lie on the right side, or lying with the head very high; violent cough, stitches in the diaphragm, with dyspnœa.

Heart.—Stitches about the heart, sometimes synchronous with the pulse, with anxiety and oppression, often with commencing valvular disease, endocarditis, etc.; purring feeling over the heart, wavelike motion, not synchronous with the pulse; palpitation, violent, worse bending forward; high fever; stitch pains when he sits down, after rising in the morning, from deep inspiration or holding the breath, from least motion systolic blowing at the apex; burning at the heart.

Pulse.—Irregular, strong but slow, trembling.

Gelsemium semp.

Chest.—Great weakness in the chest on speaking, heaviness upon the chest, burning in the chest, with fulness, sighing, and anxiousness, going into the pit of the stomach, and radiating all over the whole abdomen like a tree, the stem of which is in the pit of the stomach, and the branches of which turn asunder towards the abdomen; this burning is not in the intestines, but in the parts covering them; constrictive pain round the lower part of the chest; short paroxysmal pain in the superior part of the right lung on taking a long breath, it sticks from above downward; this pain is one of the prominent symptoms; burning under the lower part of the sternum, with heaviness of the chest, stitches in the chest, drawing towards the place of the stitch in the left lower anterior side of the chest, which is repeated, and painlike ulceration, tender to touch; as soon as the burning passes to the left side, the chest feels easier: burning like fire where the patient lately had the stitch, in the left lower anterior side of the chest, as large as a dollar, and painful to the touch, like an ulcer, and from the pressure of even a loose dress.

Heart.—Stitching sensation in the region of the heart, at

every exertion, shocks at the heart, throbbing of the pulse through the whole body, tremulousness, weakness, and sweat; beating of the heart irregular as to quantity and quality; excessive action of the heart; a peculiar action of the heart, as though it attempted its beat which it failed fully to accomplish, the pulse intermitting each time; worse lying, especially on the left side; fears that unless constantly on the move her heart will cease beating; nervous chill, yet skin is warm; wants to be held that she may not shake so; heart's action feeble, slow, depressed; hands and feet cold.

Pulse.—Frequent, soft, weak, almost imperceptible; slow and full; very rapid, small and weak.

Cimicifuga rac.

Chest.—Lancinating pain along the cartilages of the false ribs, increased by taking a long inspiration; very severe piercing pain, so as almost to prevent inspiration; for a short time, immediately after retiring, between 10 and 11 P.M., and continuing for half an hour; a catching pain in the left side, just where the heart is, which comes on when the patient bends his body forward, and sometimes when sitting still.

Heart.—Pain in region of the heart, followed by slight palpitation; stitches in the region of the heart or in the heart; palpitation and faintness.

Pulse.—Quick and weak, full, hard, and irregular; slow, every third or fourth pulsation intermitting.

Lilium tigrinum.

Chest.—Full feeling in the chest, with distended abdomen. Constricted sensation in left side of the chest, extending to right, with sharp pains running up to throat, clavicle, left axilla and scapula; better from changing position.

Heart.—Heart feels as if squeezed in a vice, with pain and heaviness of left mamma to scapula. Heart as if violently grasped, then suddenly released; and so on alternately. Heaviness in region of heart. Palpitation, worse from lying on either side. Fluttering, general faint feeling, hurried and forced feeling about the apex; better sitting still, with cold hands and feet covered with cold sweat; sharp quick pain in left chest. Conscious pulsations over whole body, out-pressing in hands and arms as if blood would burst through the vessels.

Pulse.—Small and weak as if the blood did not reach the radial artery in the usual quantity.

Anacardium orient.

Chest.—Uneasiness in the chest, apparently about the heart, especially in the forenoon. Pressure on chest, with fulness, especially when sitting. Oppression of chest during an expiration, with pressure upon the sternum. Oppression of the chest, with weeping, which relieves it. Drawing pain in the muscles of the chest. Single sharp stitches in the chest. Sharp pulsating stitches in the chest, above the heart. Sudden, quick pressure in the right side of the chest, close by the axilla; at the same time pressure felt on the opposite side of the back, without any influence upon breathing. *Dull pressure, as from a plug, in the right side of the chest.* Tearing, with some pressure on the left side of the chest, reaching as high as the heart, as though the whole side were being crushed, especially when stooping. Short breath. Cutting in the præcordial region, extending thence to the small of the back; very faint upon going up stairs.

Pulse.—Beating of the pulse perceived in the arms while sitting quietly, observed in the prover while the arms were loosely crossed.

Pulse observed in the whole body (after some bodily effort).

Heart.—Short stitches piercing through the heart, succeeding each other two by two.

Cactus grand.

Chest.—*Sanguineous congestion in the chest*, which prevents him from lying down in bed. *Painful sensation of constriction in the lower part of the chest, as if a cord was tightly bound around the false ribs, with obstruction of the breathing.* Pressive pain in the chest that impedes respiration and causes deep breathing; is worse in walking and on going up stairs, is very troublesome on account of palpitation of the heart. *Sensation of great constriction in the middle of the sternum, as if the parts were compressed by iron pincers*, which compression produces oppression of the respiration, aggravated by motion. Oppression in the left subclavian region, as if a great weight prevented the free dilatation of the thorax.

Heart.—Increased action of the heart, and on walking, pulsation in the chest, with anxiety; rapid, short, irregular

beats of the heart on rapid motion. Beating of the heart and the pulsation of the chest worse when lying on the back, more perceptible and audible than when lying on the side, together with anxiety and restlessness at night. *The palpitation* occurs very frequently during the day, and always at the commencement of any motion whatever, such as stooping, rising, turning around; but walking for some time does not bring it on; it is accompanied by an anxious sensation in the chest rising into the throat.

The palpitation of the heart consists of small, irregular beats, with necessity for deep inspiration. *Sensation of constriction in the heart, as if an iron band prevented its normal movement.* Very acute pain, and painful stitches in the heart.

Pulse.—Hard and sudden, without being frequent. Throbbing. Intermittent. Weak.

Naja tripudians.

Chest.—Most acute pain and sense of oppression at the chest, as though a hot iron had been run in and a hundred weight put on top of it. Dull heavy pain over the lower half of the right chest, with stabbing on taking a deep inspiration; chest not affected by movement, but intensely aggravated by inspiring deeply; the attempt to take a deep breath causes a sudden short puffing cough; a real cough is impossible, from the stabbing in the lower part of the right chest, in bed; cannot lie for a moment on the left side, but pain and breathing much relieved by lying on the affected side.

Heart.—Feeling of depression and lowness about the heart. Complained of a great pain near the heart. Fluttering of the heart attended by headache.

Pulse.—Regular in rhythm, but unequal in force; most of the beats, however, being tolerably full and strong. Pulse weak and thready.

Lycopus virg.

Chest.—Severe pain in right side of thorax at insertion of pectoral muscles, becoming acute on inspiring deeply before retiring; returning in the morning on awaking, passing during the day to apex of heart, from heart to right axilla, down pectoral muscles to former spot, again to apex of heart, and passing off from right side of thorax. Intercostal pains, worse when lying on right side; sense of constriction across lower half of thorax, impeding respiration, with subacute pain, increased by lying on right side.

Heart.—The cardiac pains are of a rheumatic character. Constrictive pains and tenderness around the heart on lying down; palpitation, with altered rhythm, the systole being shortened and the interval lengthened. Cardiac depression with intermittent pulse. Subacute pain over cardiac region, with cardiac distress. Heart-sound indistinct, systolic running into diastolic; basic murmur very slight: apex murmur not perceptible, action very feeble.

Pulse.—Diminished in force, with intermissions.

Aconitum nap.

Chest.—Hæmoptysis; blood comes up with an easy hawking, hemming or slight cough; expression of anxiety; great fear of death; palpitation, quick pulse; stitches in the chest caused by mental excitement or exposure to dry cold air; cannot lie on the right side, only on the back; dry hacking cough; pleurisy, lancinating through the chest, with dry heat; difficult breathing; often violent chill; pressure, weight and burning under the sternum; stitches in the chest, with cough.

Heart.—Oppression about the heart; burning flushes along the back; anxiety about the præcordia; beats quicker and stronger; fear of death; palpitation, with a feeling as if boiling water was poured into the chest; anxiety; difficulty of breathing; flying heat in face; sensation of something rushing into the head; feeling of fulness; stitches at the heart; lies on the back, with raised shoulders; fainting, with tingling.

Pulse.—During the beats the apex strikes only one; full, hard and strong, contracted, febrile, exceeding one hundred beats per minute; slow, feeble, intermittent; seems as if the blood does not fill the artery.

Sulphur.

Chest.—Congestion of blood to the chest. Feeling as if a lump of ice were in the right chest. Stitches in the chest, extending into the left scapula; worse lying on the back and during the least motion. Burning in the chest rising to the face. Pain as if the chest would fly to pieces, when coughing or drawing a deep breath. Weakness in the chest, in the evening while lying down, when talking.

Heart.—Palpitation of the heart, worse when going upstairs

or when climbing up a hill; sensation as if the heart were enlarged.

Pulse.—Full, hard and accelerated, at times intermittent.

GLEET.

BY JOHN E. JAMES, M.D.

Gleet, the fourth or chronic stage of gonorrhœa, is recognized by a muco-purulent or colorless discharge from the urethra, with little or no pain; the discharge being at times considerable while in others it is only noticed by a gumming up of the meatus, especially seen in the mornings.

Causes.—1. It is sometimes caused in consequence of the virulent character of the infection producing the gonorrhœa. As degrees of intensity in the original is admitted to be due in a greater or less extent to the character of the poison, so is the proneness to run on to the chronic stage due to this same fact, often in spite of all treatment.

2. In many individuals when there is a weak or debilitated condition of the mucous lining of the genito-urinary organs; whether this be merely a local condition or due to a constitutional cause (scrofulous or syphilitic), the result is the same: there is exceeding proneness to gleet in such persons after gonorrhœa.

3. By far the most common cause of gleet is the formation of strictures in the urethra. They may be produced and most commonly are by using too irritating and too strong injections, causing an undue amount of inflammation in and infiltration of plastic material around the urethra, thus causing stricture.

4. Another cause is found in the non-using of any injection, in cases where warm water, or Permanganate of potash, or some other cleansing lotion is a necessity.

5. Another cause is found in the too frequent practice of squeezing the urethra to force out the discharge, or tying the bandage too tightly around the penis, both favoring, by compressing the canal at the seat of inflammation, the formation of strictures.

Of the kinds of stricture we may say they vary, being a simple spasmodic contraction of the urethra, the adhering to each other of the normal folds of the mucous lining, the formation of thin bands across the canal, the contracting of the product of inflammation around the urethra, causing an

annular or ring stricture; the entire obstruction or occlusion of the canal is rare in this trouble.

Treatment.—In all cases when there has not been the formation of stricture, they are amenable to constitutional treatment, but when this has taken place, local treatment must be added.

Leaving the remedies useful in this affection mostly to those who discuss this paper, I shall mention only a few which I have found particularly efficacious.

Hydrastis.—Especially useful when there exists a want of tone or debility of the mucous membrane, with persistent discharge, without pain.

Mercurius.—Thick yellow-greenish discharge, worse at night, without pain; especially called for in syphilitic patients.

Nitric acid.—Light discharge, redness around the meatus; occasionally darting pain in urethra; especially useful after the abuse of mercury; condylomatous growths about genitals and anus.

Sulphur.—Mucous-like discharge; redness of meatus, with burning pain during micturition.

Thuja.—Thin yellow or greenish discharge, may be copious; with burning or smarting in urethra; condylomata or warty growths, worse on genital organs and around anus; may be on other parts of the body.

Locally it is necessary to overcome all obstructions by mechanical or surgical means, for if we allow drops of irritating urine, or more irritating pus, etc., to be retained in the urethra there must remain a constant cause for at least subacute inflammation.

This is best done by the process of gradual dilatation of the urethra to its normal size, accomplished by frequently inserting bougies which can be easily passed, increasing not too rapidly the size, until all strictures are removed by tearing and absorption or by stretching until no obstruction remains. If the meatus has become contracted in consequence of the disease, as not unfrequently happens, that must be opened by the knife to at least its normal size.

As to the rapid dilatation process of cutting the strictures by a urethrotome and use of a divulsor or dilating instrument, the results are not so favorable, probably because the cicatrix forming contracts enough to partly renew the stricture.

ANGINA MEMBRANACEA.

BY C. S. MIDDLETON, M.D.

Croup is generally divided into two varieties, spasmodic and membranous; of the first variety but little danger may be anticipated, and it is generally relieved with *Spongia* in a short time, often as suddenly as it has appeared; but with the latter we are less fortunate, as it is of a different nature.

Catarrhal croup, inflammatory croup, and chronic croup—sometimes used as synonymous terms with membranous croup—although often setting in suddenly, does not yield as readily, for obvious reasons; but if taken in hand without delay, and the proper remedies applied, scarcely a case but will recover under homœopathic treatment.

Probably no disease in the whole catalogue presents so constantly the same local pathology and the same unvarying symptoms as croup does during the first and second stages.

We have, of course, a different train of mental symptoms, and some others dependent upon the different nervous temperaments or idiosyncrasies of the patient, but which in a case of croup are but reflex, or secondary in importance.

Homœopathy is necessarily a system of individual specifics, and we are naturally obliged to seek for each one as occasion may require, but, as before remarked, croup is so nearly constant in its local effects and symptomatic manifestations, that it seems almost possible to say that a specific exists for all cases.

We were taught from the earlier works on practice that *Acon.* and *Spongia* are the grand remedies for croup. Now he who relies on those two remedies in real croup with membranous exudation will find himself very often the mourner over his misfortune.

Ipecac., *Tart. em.*, *Bry. alb.*, *Phos.*, are of no greater service during the first stage, and are to be used only as intercurrent or adjunctive remedies.

It remains for two substances to have almost exclusive control over this disease in its most formidable stage, viz.: Bromine and Iodine.

As the former is of such volatile properties, and the latter possesses quite all the medicinal value of the former without its inconveniences, we may assert that *Iodine* is the grand specific for membranous croup.

I know that this may seem like general specific medica-

tion, but we desire you to keep in mind the facts referred to in a former paragraph, and compare the pathology and lastly the characteristic symptoms of the disease with the pathogenesis of *Iodine* as a proof of the assertion.

With these facts in view, and with many cases in verification, I always furnish to my families having "croupy" children a vial of the 1st of *Iodine* in liquid, to be used immediately the bark is heard, and many times they are enabled to control the trouble at once, while the incipient croup is but in the form of a laryngitis.

When high fever is present, with soreness and pain in larynx, and other indications of general cold, *Aconite* should be given occasionally, or in alternation with *Iodine*.

Iodine should be continued so long as the larynx is sore and painful on coughing, the membrane remains vigorous and organized and the cough is croupy.

When the "bark" is heard only at night, other remedies such as may be indicated, can be administered through the day and *Iod.* at night.

I find no difficulty in having *Iod.* act upon the light complexion, as well as upon the dark.

When the inflammation has subsided, and the peculiar bark is no longer heard, the cough is loosened either from mucous secretion or softening of the membrane, discharge from the nose sets in, etc. *Hep. sul. cal.* is mostly applicable, and when the expectoration is stringy, *Kali bich.** In this stage, when a catarrhal condition has spread over the smaller bronchia as it sometimes does, some of the remedies previously mentioned, *Ipec.*, *Tart. em.*, *Bry.*, etc., will be required; but the case is now no longer croup, and the danger is for the most part passed, except in the instance of very young children, when catarrhal fever may supervene.

Since applying this course of treatment, now about ten years past, I have lost but one case of croup, and that was one which had been neglected; it was operated upon, but without advantage.

It is very essential that children suffering with croup should be kept in one room of an even temperature, at about 70°, and that they be kept away from the windows and out of drafts.

* Since writing this paper I find in Baehr's Therap., p 122, almost the same treatment laid down.

NEPHRALGIA.

BY U. M. WALKER, M.D.

"Severe pain in the kidney, unconnected with inflammation of the organ, is ordinarily caused by the passage of a calculus."*

This most painful of diseases may be diagnosed from nephritis, colic, abortion, lumbago, neuralgia of the kidney, or the passage of a biliary calculus, by the description of these different ailments found in text-books on practice, where the treatment for nephralgia is often meagrely given.

We know that small calculi pass from the kidney to the bladder, producing the most intense agony on account of being jagged in outline, while on other occasions calculi as large as small white beans pass with so little pain their presence is not suspected till they are heard rattling against some object during urination.

Composition of Urinary Calculi.

There are three forms which are of common occurrence, the uric acid, oxalate of lime and mixed phosphates.

1. Uric acid calculi are the most common; they are either red or some shade of red, usually smooth, and leave only a mere trace of residue after ignition.

2. Oxalate of lime calculi are frequently met with; they are generally of a dark-brown or dark-gray color, and from their frequently tuberculated surface have been called mulberry calculi. They may, however, be smooth, and are soluble in mineral acids without effervescence. Considerable residue will remain after ignition.

3. Calculi of mixed phosphate or fusible calculi are composed of the phosphate of lime and triple phosphate of ammonia and magnesia. They form the external layer of many calculi, but seldom form the nuclei of others, are exceedingly brittle, soluble in acids but not in alkalies.†

I have condensed this paper for the purpose of asking a discussion on treatment, that may be the means of enabling the occasional cases which present themselves to us to be relieved in the shortest possible time without the use of anodynes or anæsthetics.

* Da Costa.

† Tyson on Urine.

Belladonna.—Spasmodic crampy straining along the ureter, through which the calculus makes its way.

Bryonia.—Rheumatic and gouty pains in the limbs, with tension, worse from motion and contact.

Lycopodium.—Colicky pain in the right side of the abdomen, extending into the bladder, with frequent urging to urinate. Urine incrusts the vessel with red sand. Rumbling and bloated feeling in abdomen.

Merc. viv.—Frequent violent desire to urinate, with scanty discharge in a feeble stream. Bruised sensation in the back and limbs. Rheumatic pains worse at night.

Nux. vom.—Pain especially in right kidney, extending to the genitals and anterior crural nerve; nausea, vomiting, constant urging to urinate, insufficient urging to stool, inability to lie on the right side, better while lying on the back, rising and walking about increases the pain.

Opium.—Where large doses have been given by the old practice may require Bell. or Nux v. as an antidote. It is indicated by pressive squeezing pains, as though something had to force its way through a narrow space. Shooting pains from different places into the bladder and testicles; vomiting of slime and bile; dysuria, face hot, pulse slow.

Ocimum canum.—Turbid urine, depositing a white and albuminous sediment. Urine of saffron color. Cramp pain in the kidneys. Renal colic, with vomiting, moans and cries, wrings the hands; after the attack, red urine with brickdust sediment, or discharge of large quantities of blood with the urine. Thick purulent urine, with an intolerable smell of musk.

Parcira brava.—Micturition difficult, with much pressing and straining, only in drops, with the sensation as if the urine should be emitted in large quantities. Violent pains in the bladder, and at times in the back; the left testicle is painfully drawn up; pain in the thighs, shooting down into the toes and soles of the feet. Paroxysms of violent pains with strangury; he cries out loud, and can only emit urine when he goes on his knees, pressing his head firmly against the floor, remaining in this position for ten to twenty minutes; perspiration breaks out, and finally the urine begins to drop off, with interruptions, accompanied by tearing-burning pain at the point of penis. Urine smells of Ammonium, and contains a large quantity of viscid, thick, white mucus. The paroxysms appear generally from 3 to 6 A.M., better through the day. Similar to *Berberis vulgaris*.

SPASMUS GLOTTIDIS.

E. A. FARRINGTON, M.D.

Spasmus glottidis, whether considered as a symptom, or as an idiopathic disease, possesses considerable interest, since it occasions much alarm and distress.

As a symptom, it causes the croupy cough and dyspnoeic paroxysms incident to laryngitis. It also constitutes the main symptom in the non-inflammatory, the spasmodic, croup. It is produced, too, during hysterical attacks, and as a reflex effect of tumors which press upon the par vagi or their branches, especially upon the recurrent or superior laryngeal. In the convulsive stage of tubercular meningitis it forms a frightful complication.

As a distinct disease, as a neurosis, it appears independently of inflammation, tumor or any organic affection, although it may be complicated thereby. It appears almost always in infants between the fourth and eleventh month. Very few cases of indisputable diagnosis have been noticed after the fifth year, and scarcely any among adults, except in cases of hysterical origin.

Of exciting causes the principal are: dentition; rachitis; overfeeding, or improper food; intestinal irritation; emotions, especially in children of nervous and excitable temperament. Enlargement of the glands, especially of the thymus, has been considered as an exciting cause, but of this pathologists are uncertain. It would seem that goitre might act as a provoking cause, since its pressure on the larynx is often sufficient to produce dyspnoea, and might create an irritation of the recurrent laryngeal nerve. Tumors, enlarged bronchial glands, atelectasis, in fact any abnormality which can embarrass the pneumogastric nerves, may give rise to the spasm.

The disease is unattended by fever, cough or catarrh, and the intervals between spasms, except in far-advanced cases, are free from all symptoms. The general health, however, is always below par.

Its essential phenomenon is difficult breathing, caused by a spasmodic closure of the rima glottidis. According to the intensity and persistency of the spasm are the accompanying symptoms. In mild cases the child is observed to suddenly stop breathing as if holding its breath. In a moment the paroxysm ceases and with it the mingled expression of astonishment and fear on its face. In rather severer cases the child

is affected with the so-called "crowing breathing," especially when excited or on awaking. When the disease is well developed, the child is suddenly seized with dyspnœa; inspiration is crowing and prolonged, expiration all but impossible. The frequent inspiratory efforts, not followed by successful expirations, distend the lungs enormously. The child kicks, throws back its head, clenches its jaws and exhibits a very characteristic flexion of both fingers and toes. The face, at first red, becomes livid, the eyes project, and general convulsions may follow. In some instances the diaphragm becomes convulsed, thus adding to the distress. In others, the spasm continues so long that the child presents a complete picture of asphyxia. The general convulsions rather mark a second stage of the affection.

Complicating affections are rachitis, which exhibits the symptom so often that it might be considered as a part of the rachitic disease; scrofulosis, with its enlarged glands and delayed dentition; marasmus, favoring the spasm by impairing growth and weakening resistance to disease; too rapid growth, as in the children of tuberculous parents, etc.

The neurosis may end in recovery, which, however, is generally tardy, or the paroxysms may become so frequent and so severe as to result in death, either during an attack from asphyxia, from convulsions brought on by cerebral congestion, or between attacks from secondary affections.

The disease may be easily diagnosed. From croup it differs in the absence of cough, fever, etc.; from œdema glottidis it is distinguished by the absence of serous infiltration about the rima and by the breathing, which is worse during *inspiration* in the œdema, expiration readily pushing up the dropsical sacs above the rima of the glottidis; from asthma it is distinguished by the seat of the dyspnœa, the noisy respiratory murmur heard over the chest and the free glottis belonging to that complaint. Spasm of the respiratory muscles may indeed complicate spasmodic glottidis, but as an independent symptom it is plainly separable. If tonic, the thorax is retained in a position of inspiration, so that breathing is diaphragmatic. If clonic, inspiration and expiration are rapid and noisy.

Synonyms of spasmus glottidis, most of which are inaccurate, are: asthma Millari, asthma Wigandi, asthma spasmodicum, asthma thymicum, laryngismus stridulus, "crowing" spasm, etc.

Treatment may be divided into preventive, palliative and

curative. As preventive, avoid all excitement, as violent emotions, fright, anger, etc., provoke a paroxysm. See that the child is not overfed, and that its food is properly selected. If the mother's milk does not seem to agree, substitute cow's milk mixed with sweetened barley-water, or milk with Ridge's food. If the stomach is excessively irritable, a preparation of barley, milk and a small addition of Glycerin may be needed. All so-called table-food should be proscribed if the child has not yet cut the majority of its teeth. Even oatmeal, though strained carefully, is often injurious to children under six months old. If dentition is difficult or tardy, see if the diet is nutritious enough, and select a remedy principally from those useful in teething. If worms excite the disease, administer honey twice daily. If constipation acts as a provoking cause, make frequent use of enemata; or, in very young children, stimulate rectal contractions by inserting a plug of castile soap or a suppository of cocoa-butter. If the child is old enough, say eight to ten months or more, prepare the food with oatmeal, strained, but cooked only ten to fifteen minutes, and, if its stomach is not weak, sweetened with brown sugar.

As palliative, instruct the mother or nurse to instantly warm the hands or the feet when they become cold. During the incipency of an attack, pat the child on the back or on the nates; plunge the child's hands into hot water, or into hot and cold water alternately; press down the tongue, tickle the fauces with the finger; or, in extreme cases, employ artificial respiration, as in drowning or in asphyxia neonatorum.

Remedies calculated to cure the disease must always be selected in accordance with the rules of our *Organon*. Nevertheless our labor may be lightened, and our memory refreshed for an emergency, by a review of those drugs most likely to be called into service.

Remedies causing more or less spasm of the glottis: ACONITE, *Arsenic*, *Asajotida*, Atropin, BELLADONNA, BROMINE, Calc. phos., Chamom., Chelidon., CHLORINE, *Coral. rub.*, CUPRUM, *Fluorine*, *Gelsemium*, HEPAR, HYOSCYAM., IGNATIA, IODINE, IPECAC. (Kaolin), Laurocerasus, LACHESIS, Lobelia inflata, Lycopod., *Mephitis*, MOSCHUS, Naja, Nux vom., Oleum animale, Opium, *Phosphor.*, *Phytolacca* (Physo stigma), PLUMBUM, SAMBUCUS, Silicea, SPONGIA, STRAMON., Strychnine, *Sulphur*, Verat. alb.

These may conveniently be divided into three classes, only two of which strictly belong to the subject under considera-

tion. 1st. For the acute paroxysm, CHLORINE, CUPRUM, BELLAD., LACHESIS, *Sambucus*, *Stramon.*, *Chamomilla*, *Arsenicum*, *Hyoscyam.*, *Oleum animale*, *Phytolacca*, *Veratrum album*, Fluorine, *Mephitis*.

2d. Chronic cases, constitutional accompaniments: PLUMBUM, Calc. phos., *Phosphor.*, *Silicea*, *Lycopod.*, *Sulph.*, *Baryta*, IODINE, Hepar.

3d. Remedies adapted to diseases in which the spasm is a symptom, as croup: SPONGIA, BROMINE, IODINE (Kaolin), LACHESIS, etc.; hysteria and various nervous affections: IGNATIA, *Asafetida*, MOSCHUS, Strychnine, Zinc, Cicuta, *Physostigma*, *Gelsem.*; asthma: IPECAC., *Lobelia inflata*, Camphor, SAMBUCUS; brain affections: BELLAD., HYOSC., STRAMON., CICUTA, Agaricus, CUPRUM, OPIUM, Atropin; spinal affections (causing the spasm by reflection): NUX VOM., ZINC, PHYSOSTIGMA, STRYCHNINE, BELLAD., etc.; affections of the par vaga, or of their origins: LOBELIA, *Gelseminum*, LAUROCERASUS, NAJA, Arsenic; suppressed hives: ARSENIC.

It is not necessary to enumerate the especial symptoms of any of the above, excepting those which indisputably apply to the acute and chronic symptoms of the neurotic spasms glottidis.

NOTE.—General convulsions may possibly be palliated by firmly grasping the child's thumbs, or by forcibly flexing the thumbs and toes.

CHLORINE, as proved and confirmed by Dr. Dunham, corresponds thoroughly to the paroxysm; inspiration unimpeded and natural, expiration absolutely impossible from a closure of the rima glottidis; inspiration again made was found easy enough, but attended with a slight crowing sound, expiration again impossible. Face livid, lungs fearfully distended from frequent inspiration without any corresponding exit of air; partial coma followed, the spasm relaxed and respiration became free. Although all the Halogens and even Spongia cause this spasm of the larynx, none so completely typifies the spasms glottidis as Chlorine. Similar to *Mephitis*.

LACHESIS is of service when the spasms occur during sleep; the child, as it were, sleeps into an attack, and is aroused, gasping for breath. At other times the paroxysms recur after each nap. The external neck, about the larynx, is very sensitive to the slightest touch.

BELLADONNA.—The smallest quantity of fluid drunk, ex-

cites a spasm; larynx painfully dry, yet the child refuses all drink. Larynx feels suddenly constricted. Breathing during sleep is intermittent or irregular. On falling asleep the child awakes and starts as if frightened. Sleep restless, tossing about the bed, talking or crying out. Kicks about, quarrels in sleep. Brain excited; face red; eyes injected; strabismus, or dilated pupils; opisthotonic convulsions; clenched teeth; skin hot and dry or bathed in hot sweat, or fearful convulsions of flexor muscles. Over-susceptible to impressions, and hence made worse by strong light, noises, the least contradiction or cross word, by the irritation of dentition or the presence of irritating or indigestible substances in the abdomen. Urine stains a deep yellow or is scanty and even suppressed. Larynx sensitive to pressure.

SAMBUCUS, employed by Hahnemann. Suffocative paroxysm after 12 P.M.; aroused with anxiety, trembling, shortness of breath to suffocation; wheezing in the chest, difficult *inspirations*; face blue, eyes and mouth half open, profuse hot sweat. Its symptoms do not seem to point distinctively to a spasm of the glottis, however.

Moschus causes a spasm of throat, larynx, and lungs. Sudden sensation as if the larynx closed on the breath, as from inhaling sulphur-vapor. It is more applicable to hysterical cases, and possibly to spasms of the glottis during the course of diseases which exhibit impending paralysis of the pneumogastries.

Stramonium.—Child arouses from sleep frightened, clings to those around. Becomes blue in the face; muscles of the chest also spasmodically affected. Violent convulsions.

Chamomilla.—Sensation of oppression and slight constriction in the region of the larynx. Dyspnoea as from suffocative catarrh (the larynx feels constricted), constant irritation to cough. Hot sweat on face and head, especially during sleep. Child becomes stiff and bends backwards, kicks with his feet when carried, screams and throws everything off. Staring eyes, child reaches and grasps for something, draws the mouth back and forth. Peevish, irritable; cries for things and pushes them away when given to him. Worse from anger or other violent emotions; worse from exposure to cold winds. Worse during dentition, accompanied by "wind asthma;" "liver-grown," or green, watery, hot, offensive stools.

OPIUM, especially after a fright.

[*Chelidonium majus* causes a sensation as if the larynx was pressed from without on the œsophagus, but swallowing, not

breathing, is made difficult. Constrictive sensation in the trachea mounting towards the larynx. Constrictive spasm in the gullet, forcing him to swallow. Choking sensation in the throat, worse by breathing. It has no similarity to the disease under consideration.]

Oleum animale.—Larynx feels as if it would be closed by outward pressure when lying on the back with the head bent forwards.

Gelseminum.—Long croupy inspiration, sudden forcible expiration.

Phytolacca.—Frequent spasmodic closure of the larynx; drawing of the thumbs into the palms; flexion of the toes; face distorted; muscles of the eyes so affected that the motions of one eye are independent of the other.

Plumbum causes closure of the rima; sudden difficulty of breathing and asphyxia. Convulsions, during which expiration is suddenly arrested as if a valve closed the glottis. Emaciation. Stool, with much urging; hard balls.

CUPRUM is well adapted to cases which have advanced to the convulsive stage. On attempting to take a deep breath, dyspnoea, stridulous inspiration. Face blue and sometimes covered with cold sweat. Body stiff, spasmodic twitchings; thumbs clenched. Gurgling down the oesophagus.

Mephitis.—When drinking or talking, liable to get foreign substances into the larynx. Inspiration difficult, expiration all but impossible; convulsions. Similar to chlorine.

IODINE.—Tightness and constriction about the larynx, with soreness, hoarse voice, etc. (See Record, 1873, p. 89.) Glands, cervical and mesenteric, enlarged and indurated. Child has a tendency to marasmus. Excellent appetite, yet grows thin; or indifference to food; stools clayey; urine high-colored, scanty. Skin yellow; heart's action feeble, and increased by every motion. Child unbearably irritable. Well-marked, painless goitre.

Bromine.—Gasping for breath, with wheezing and rattling in the larynx; child awakens gasping, hoarse, cries for water, which relieves. The face is hot and red and the eyes often injected and inflamed. Suitable rather to light-complexioned, blue-eyed children.

SPONGIA.—Starts from sleep with contraction of the larynx; whistling inspiration; breathes as through a sponge; breathes with head bent backwards.

Veratrum album.—Spasmus glottidis, with protruded eyes; great weakness, cold sweat on the forehead.

ARSENICUM.—Sudden at night, threatening suffocation. Child breathes freely between spells, but appears weak and is restless. Caused by suppressed hives. Pale waxen face. Convulsions; body hot, sweaty, and pale.

Phosphorus.—Select by constitutional symptoms. Child unusually tall, but not fat. Skin clear, transparent. Easily catches cold on the chest and becomes hoarse. Parents tuberculous. Stridulous inspiration in the evening on falling asleep.

Laurocerasus.—Cases in which the heart is affected. The child becomes blue, gasps for breath, face even livid, pulse thready.

Silicea.—Not from local symptoms, but from constitutional. Child rachitic; head disproportionately large; body emaciated. Head and feet sweat, in the latter locality offensive sweat. Nervous, excitable; external impressions readily awaken convulsions. Dentition retarded,

Calc. phos.—Delayed dentition; child sweats easily, especially during sleep; emaciated, abdomen flabby. Skin yellow. Child gets suffocative attacks when lifted from the crib. Subject to rachitis. Diarrhœa, green, hot, watery. Craves salt meats, bacon, etc. Compare *Calc. ost.*

SULPHUR.—Attacks come on when dropping off to sleep. Sudden jerks of the limbs in sleep. Slow dentition. Disposed to fever, etc.

Baryta carb.—Child grows slowly, dwarfish; timid, cannot learn rapidly. Glands, especially the tonsils, swollen, indurated. Tonsillitis after every exposure to cold and damp air.

THE USE OF THE GALVANO-CAUTERY.

BY B. F. BETTS, M.D.

It is a recognized fact that there are but few localities in the human body more dangerous to operate in than the pelvic cavity, because of the difficulties to be encountered in the effort to control hæmorrhage and the danger of subsequent peritonitis, cellulitis and pyæmic infection; nevertheless, the presence of fibroid tumors in the uterus, hypertrophic elongation of the cervix, or malignant disease of the cervix, causing severe dysmenorrhœa, menorrhagia or metrorrhagia, require operative interference in many cases. To avoid the risk from hæmorrhage, the smoothly cutting knife must be used with considerable caution, or discarded altogether. The ordinary wire *ecraseur* may be substituted for it, but it is open to the

objection that it is liable to drag adjoining structures into its grasp, whereby a portion of the uterine wall may be unintentionally removed during an ecrasement of intranterine growths, the *cul-de-sac* of Douglass opened, or a vesico-vaginal fistula formed during an amputation of the cervix. The instrument which will most effectually enable us to avoid these dangers is the *platinum wire ecraseur*, which when connected with a galvanic battery capable of generating a sufficient quantity of electricity to heat the platinum wire to a white heat, is capable of separating the abnormal mass from its attachment without the least hæmorrhage or injury to surrounding tissues from traction or laceration. It is essentially a cutting instrument which ligates the smallest as well as the largest arteries and lymphatics as it goes.

The condition of the parts after the operation resembles that produced by a cutting instrument more than that produced by the ordinary wire ecraseur, whilst the subsequent reparative process is unattended by the amount of suppuration usually found to follow the use of the latter instrument, with less liability to septic absorption. Formerly the objection to the use of the galvano-cautery was the difficulty of obtaining and managing the necessary apparatus. This difficulty has now been overcome in a great measure by a number of inventors, but by none more successfully than by Dr. John Byrne, of Brooklyn.

As it requires a large quantity of electricity to heat the platinum wire when in contact with the tissues, it was formerly thought to be necessary to use a large battery for cautery purposes, and as this was not portable the galvano-cautery was seldom used except in hospital practice. But at present, from improvements mainly introduced by Dr. Byrne, we have furnished us a very compact and portable battery, competent to do its work most effectually if properly cared for and scientifically manipulated. The battery consists of four cells, each cell contains two platinum plates closely attached to a sheet of copper, which in its turn is soldered securely to a lead plate, heavily varnished on its outer surface. The zinc plates are suspended between the two platinum surfaces, and exposed to the action of a solution of bichromate of potassa and sulphuric acid. By this arrangement of the elements the powerful electro-negative properties of the platinum, the full conductivity of the copper and the protective qualities of the lead are utilized, and an intense chemical action is maintained, with less resistance to the passage of the

electrical current than in the older batteries, consequently a greater quantity of electricity is thrown into the current, with proportionately increased heating effect.

When it is desired to remove an abnormal growth from the uterus by means of this apparatus, the patient is placed on a table or high bed, either in the dorsal position or the position of Sims. In the latter case Sims's speculum may be employed, or in the absence of assistants some modification of this instrument (as Nott's or Thomas's) which is self-retaining. The uterus is next to be drawn down towards the vaginal outlet by the vulsellum, pressure being applied to the fundus at the same time by the hand over the symphysis pubis. The platinum wire loop is adjusted cold by the fingers of one hand through the speculum, whilst the pressure is kept up from without to steady the uterus by the other, it being of course presumed that the os has been sufficiently dilated in case of intrauterine growths beforehand. In those instances in which the growth is attached near the fundus of the uterus, the speculum will have to be dispensed with at least until the loop is applied, and in these cases the patient is best placed in the dorsal position. When the wire loop has been applied to the portions which it is desirable to remove, it must be retained there until it has been made to embrace the mass firmly by screwing it up. In those cases in which the loop cannot be made self-retaining, a circular furrow for the reception of the loop may first be made by the cautery *knife*.* When the loop is properly adjusted the current is turned on by immersing the elements into the battery fluid, so as to heat the platinum wire to a red heat in the tissues, a white heat cutting through too quickly and leading to hæmorrhage.

The wire loop is tightened slowly and at intervals (not continuously), so that the cauterization of the tissues in each stratum is completed before another is entered into.

"Towards the close of the operation and as the circle of wire becomes smaller, let the amount of electricity be proportionately lessened."—*Byrne*.

We avoid making traction upon the wire for obvious reasons.

In amputating the cervix we should endeavor to cut into sound tissue if possible, and in case the malignant growth extends up into the cervix, there is an advantage in making

* Apply the knife to the parts before heating.—*Byrne*.

traction upon the malignant mass, pulling it into the platinum wire loop after it has passed well into the submucous structures, when it will be found that a cuplike depression will be left where the mass was formerly located.

We are not always able to remove all the abnormal structure, however, and it has been claimed that the irritation consequent upon this operation was apt to hasten the subsequent fatal results in such cases; but gynecologists of the present day do not agree with this view. It seems more probable that we *prolong* life by allaying the hæmorrhage from the open vessels, which remedies sometimes fail to alleviate, and thus save the system the continuous drain to which it would otherwise be subjected. As a consequence we see the cachectic look improve, the flush return to the pallid cheek, the appetite improve as digestion becomes more vigorous, and constipation, consequent upon the presence of the mass in the vagina, is relieved. When the operative interference promises no palliation on account of the extent of the cancerous infiltration and great prostration, we may still render our patient some service by the application of the moxa to the bleeding vessels to arrest the hæmorrhage, if it cannot be controlled otherwise.

DISCUSSION.

Dr. Farrington objected to the introduction of Coca as a substitution remedy for alcoholic intemperance, in the first place, because its tertiary symptoms are as injurious as Alcohol. In the second place, he doubted whether it was really a remedy that is applicable for such cases at all. Its action is mainly on the pneumogastric nerve and branches, and it also, like Alcohol, retards the waste of tissue, making it very objectionable, or at least as much so as the use of Alcohol itself.

Dr. Joseph C. Guernsey likewise objected to the use of Coca as suggested in the paper, because it was a powerful aphrodisiac, and was used by the natives of South America largely for such purpose. Athletes also used it for its stimulating effects, in enabling them to perform herculean feats. They used the leaves of the plant, chewing them and thus extracting the active principle in the mouth, and swallowing it.

Dr. Dudley, in defence of the grounds he had advanced for its use, said he did not wish to substitute one evil for another for general use, but in treating cases he thought it would enable the practitioner to relieve many a case that could not be easily controlled when the appetite for alcohol was strongly

found. A case in practice, in which it acted well, had called his attention to the Coca as such a substitute. Gastric derangement, impairment of the physical powers, nervous prostration and a general failing of the strength were present, in which the man could only get relief from alcoholic liquors. He did not drink from love of the taste, for he claimed that he did not like the taste of it. He could not attend to business unless he drank some stimulant, and this steadied his nerves, and he was then enabled to go through with his daily employment at his store. He must take a stimulant or quit business. In order to help the man in this strait Dr. Dudley thought of the Coca for him, and used it successfully.

Dr. Korndorfer, on mitral insufficiency, said he was pleased, that the pathology of the disease could not be better given, but there were two remedies in the treatment that had been omitted that were specially serviceable. *Kalmia latifolia*, it having a marked action in the rheumatic diathesis cases, such as usually produce valvular heart troubles. It has the rheumatic symptoms and the lung symptoms very noticeably marked. The other remedy was *Lachesis*, which had many valuable heart symptoms.

Dr. J. C. Morgan named four remedies, *Arnica*, *Lachesis*, *Rhus tox.*, and *Phos.*, which were specially indicated in these heart diseases, detailing their special symptoms. *Arnica* was one of the best, especially when the trouble in the heart was due to exertion, and mentioned the case of an oarsman who had brought on hypertrophy to the extent that he had been rejected by the Board of Medical Examiners in the army, who was afterwards restored to health by *Arnica*, and subsequently admitted to the army. Two of the main *Arnica* symptoms are a bruised soreness in the heart and a stitching pain through the heart.

Rhus tox. has a dragging, strained feeling extending through the left shoulder and down the left arm.

Lachesis has a sensation as if the heart was too large, a feeling of expansion to the patient.

Phosphorus has a weak feeling in the region of the heart.

Dr. H. F. Hunt also approved of the use of *Lachesis* in these heart affections, naming as a special symptom, the least movement causes a sense of suffocation around the heart.

Dr. O. B. Gause named Hydrocyanic acid as valuable, giving the special indication of the sensation as if the heart had suddenly ceased to beat. He illustrated the case of a school-

teacher who had this symptom, and the heart commenced to pulsate again in walking across the room, together with a sensation to her as if the arm was becoming powerless. This remedy always relieved her.

Dr. O. B. Gause remarked that he had concluded that very many cases of chorea were preceded by rheumatic troubles. In treating chorea he always went back to the primary affection and cause, and never lost sight of it in managing his case. His treatment of this disease had been more successful since he had adopted this plan.

The hour of half-past ten having arrived, the Club and its guests proceeded to the dining-hall, where a sumptuous repast was partaken of. The social element then gained the supremacy, and the remainder of the evening was spent in a most enjoyable manner in conversation and sentiment.

On motion, the usual questions submitted for answers by the members were postponed until the next monthly meeting.

On motion adjourned.

ANTIPSORICS IN THE ATROPHY OF INFANTS.

BY E. A. FARRINGTON, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

EXPLANATORY.

THE following collection of symptoms is the result of a protracted study of a case which cost the writer many anxious hours. Failing by carefully selected remedies to even relieve the patient, it was determined to sift our materia medica as thoroughly as time and other engagements would permit, in order to find whether any antipsoric or deep-acting drug could be found suitable to the case.

This fact will explain the lack of complete system in the paper, and also the defective relation existing between the first and second parts, the latter containing some symptoms and additional drugs not found in the former. These defects there was not time to correct.

In arranging the symptoms the writer has not restricted himself to the pathogenesis of genuine atrophy, the *tabes mesenterica*, which is essentially tubercular, but has included symptoms of rachitis, *serofula*, and simple indigestion, with attending *marasmus*.

In several instances, however, especially in the repertory, mention is made of symptoms known to be characteristic of some one or other of the diseases included under the general term atrophy. But in so doing the writer by no means wishes it to be inferred that he would teach that therapeutics is dependent upon pathology. The latter helps him in obtaining his "totality," abridges his phraseology (as, for example, when he writes scorbutic sore mouth, mercurius, meaning thereby all the well-known buccal symptoms of that remedy), and acquaints him with the unmodified course of disease. But when he has his case well understood, the symptoms, subjective and objective, must be submitted to the rules of homœopathy, not to the restrictions of so general a science as that of pathology.

If omissions are noticed, let it be the pleasure of each one to mention them. If the paper does but call forth a healthy criticism, it will fulfil a useful purpose, and save some one hours of labor, and mayhap a mother her darling child.

E. A. FARRINGTON.

PART I.

ANTIPSORICS IN THE TREATMENT OF ATROPHY OF INFANTS.

Sulphur is characterized by emaciation; the skin is dry, harsh and wrinkled, giving the child an "old-man" look. The body has an offensive odor, not removable by washing. Eruptions are chiefly eczema capitis, generally dry, easily bleeding; itching more at night; scratching relieves, but causes bleeding; excoriations; intertrigo, especially at the anus.

Glands swollen, particularly the cervical, axillary and inguinal.

Appetite voracious; child eagerly grasps at everything within reach and thrusts it into its mouth. Abdomen distended and hard. Constipation or diarrhœa slimy, green, watery, changeable; worse at night; sudden urging awakens him in the morning, followed by copious watery stools.

If hydrocephaloid sets in, the child lies in a stupor, its face pale, lower jaw dropped, eyes half-open, and forehead covered with cold sweat. The urine is suppressed and there are frequent muscular twitches.

In less severe cases the child is restless at night; sleeps in "cat-naps;" awakens often screaming, or on going to sleep is annoyed by sudden jerking up of the limbs. At other times

an almost unbroken fever obtains, the skin for days remaining dry and hot.

The child is cross, obstinate; cannot bear to be washed or bathed. Its face is pale, sunken, with deep and hollow eyes. Dentition is slow; muscles and bones develop very tardily, so that a year-old child looks scarcely larger than a new-born babe. Complains of fatigue every little while; sits bent forward, refuses to stand long, but crawls or runs about.

Calcarea carbonica is very similar. The emaciation is more marked in other than adipose tissue. There are atrophy of muscle, soft bones, retarded teeth, all evidences of defective nutrition, and yet an excess of fat gives a deceptive appearance of plump health. When wasting shows itself in fat too, the body dwindles, the pale skin hangs in folds, but the abdomen seems to remain disproportionately enlarged. Partial sweats are more prominent than in Sulph. The scalp is covered with a cold sweat; the knees are clammy; the feet feel damp and cold. The eruptions, especially crusta lactea, develop on the face, or quickly spread thence; crusts are dry or yield a mild thick pus. At times they appear isolated and look like chalky masses. Again the eruption forms in rings or spreads like ringworm. The child's scalp seems thin, blue veins show distinctly, and the little one scratches its head on awakening.

The glands are engorged, particularly the mesenteric.

Appetite is voracious, yet emaciation persists. Morbid appetite for indigestible articles of food. The child is thirsty and feverish every afternoon. The stools are green, watery, sour, or pungent, or clay-like, and worse in the afternoon; or again creamy, fetid, frequent; urine strong, fetid, clear.

If hydrocephaloid sets in, the child is hot and dry or bathed in cold sweat. The fontanelles are open and sunken; the face is pale and pinched, the child frequently scratches at its head; cries as if hurt when lifted from the cradle. The stools are white and slimy, and the urine is clear, but very strong-smelling, fetid, and is passed with difficulty.

Vomiting is very marked in both remedies, but in the Lime it is principally sour food, lumps of curdled milk; in the Sulphur it is sour, watery, fetid. The differences are only in degree, curdled milk more frequently calling for the Lime.

The child is obstinate, self-willed, cross before stool and faint after. Its face is pale, bloated or sunken and emaciated, looking like a tiny doll. At other times it is more like Sulph., old and wrinkled and cold. Growth is retarded; the child,

though old enough, will not put its feet to the ground. Spine seems weak, it sits stooped. The legs are often curved, and the bones can be bent quite readily. While the Sulphur child dreads washing, the Calcareo patient has less dread, but is made worse by bathing.

The *Calcareo phos.* has numerous similarities with both the foregoing. It is distinguished by the following: complexion is sallow; the whole child is emaciated and poorly developed; the posterior fontanelle is also very large, showing greater nutritive defect than in the Carbonate. The abdomen is shrunken and flabby. The stool is watery, hot; or green, slimy; passed with much offensive flatus. The child is attacked with pain so soon as it eats. When lifted, breathes short, has an anxious look.

If hydrocephaloid ensues, the child is exhausted and limp, its slender neck refuses to support the head, the fingers are all skin and bones. The child craves food, is greedy, like Sulph., and Calc. c., but while the latter longs for eggs, the Calc. phos. craves salt meat, bacon, etc.

The *Calcareo iod.* is to be preferred to other lime salts when the child, though looking plump and healthy, shows well-defined scrofulosis, with thick scabby eruptions, otorrhoea and engorged glands and enlarged tonsils.

Hepar necessarily resembles both Sulphur and Lime. Under an apparent plumpness, the attentive physician detects that the flesh is flabby, the muscles withered and digestion weak. The child is intolerant of pressure about the stomach after eating. Food seems to temporarily relieve the debility. If the child were old enough, he would describe the feelings as one of invigoration, like a stimulant in the stomach. The stools are green, watery, undigested, or white, sour-smelling and painless, and worse during the day.

There is but little tendency to cerebral symptoms. The glands are swollen, and the child is subject to catarrhs from the least draught of cool air. In dry, cold, windy weather, croup develops. It has eczema, which is worse in the morning, when it itches, burns and smart.

Silicea again changes the picture. The whole body is wasted, while the head is exceedingly large. The face is earthy or waxy-pale and the bones are diseased. Pain in the sternum and lumbar spine; rachitis. The eruptions are prone to ulcerate or suppurate. Small pricks or cuts fester. The toenails fester and grow into the flesh. The crusta lactea is moist, oozing, and is worse from scratching. The appetite is

often lost, with an especial aversion to the mother's milk, which even if taken is at once vomited. The stools are watery and offensive, or the child is costive. In hydrocephaloid there are rolling of the head, suppressed urine and great weakness. Electric changes, as an approaching thunderstorm, depress the child and cause extreme prostration.

The child is nervous, irritable, susceptible to mental impressions, however sluggish may be its scrofulous symptoms. It is susceptible and timid. The whole head is covered with a sweat and the forehead often becomes cold. This, however, is quickly relieved by wrapping the head warmly. Like Sulph., Calc. and Hepar, the skin readily ulcerates and refuses to heal. Hepar is distinguished by the soreness and tenderness of its ulcers and eruptions.

Phosphorus exhibits emaciation combined with nervous debility. Brain and spine have suffered severely. The child is over-tall but is slender, emaciated but big-bellied; face pale, almost waxen. Delicate eyelashes, soft hair, and rapid breathing, indicate what belongs to the sequel. Even thus early the diarrhœa is associated with dry cough. The child, however, shows well-marked nervous excitability. He is irascible, vehement, which results in tremor and weakness; he is susceptible to external impressions and so also to electric changes in the atmosphere.

Glandular swellings, suppurations and caries are similar to those in Silicea. The appetite is good; he craves cold food, cries when he sees ice cream, etc.; often awakens at night, hot and restless, and will drop off at once to sleep if fed. The stools are green, watery, bright-yellow, undigested, hot, involuntary, coming out with force, worse mornings. Stools often contain little particles looking like tallow. Vomiting accompanies the diarrhœa; longs for cold water, but ejects it so soon as it becomes warm in the stomach.

Hydrocephaloid may ensue. The face is hippocratic, with sunken eyes, surrounded by blue rings. The tongue is dry; the pulse thready; breathing quick; the child lies half comatose.

Petroleum stands between Sulph. and Phosph. on the one hand and the carbons on the other. It has emaciation, irritability; the child is vehement, susceptible to electric changes (like Phos.), sudden urging in the morning, followed by profuse watery stool (like Sul.), and eczema, excoriations, cracked, bleeding rhagades (like Graph., Carb. veg., etc.). Its individuality, however, is maintained by the periodicity of the

diarrhœa, stools only during the day, and by the colic arising from sleep in the morning, relieved by bending double. Hunger after stool. Its gushing stool and eruption make it a concordant of *Croton tiglium*.

Iodium causes rapid emaciation, even though the appetite is inordinate. The child is restless and continually desires to change position. The face is yellow or brownish and shrunk.

It is especially useful in enlarged mesenteric glands, with the above symptoms and with intolerable irritability; the child will be approached by no one. Glands are swollen and painless; goitre.

Lycopodium produces emaciation. The abdomen is bloated while the limbs are wasted. The face is earthy, with blue rings around the eyes. At other times it is wrinkled. Eruptions are well described. The crusta lactea is thick, cracks and bleeds, and emits a mousy smell. Tendency to capillary bronchitis. The appetite is inordinate, but food soon produces a fulsome feeling, so the child begins hungry enough, but soon desists, and the abdomen seems distended, with much rumbling of wind, especially in the left hypochondrium. The child belches and is soon hungry again. The region of the stomach is distended and intolerant of any pressure, especially after nursing. The urine deposits a red sediment, or is suppressed. Sleep is disturbed by frequent awaking. The child springs up in bed, seemingly frightened, knows no one, pushes every one away angrily. The *Lycopodium* patient is weak, with well-developed head, but puny, sickly body. When sick, the child is irritable, nervous and unmanageable. After sleep he is cross, kicks or scratches at any one who approaches him.

Psorinum stands forth as an ally of Sulphur. There are great debility and sweat from any exertion. The skin has the same irremovable odor that so distinguishes Sulphur. The eruptions are well described. Crusta lactea forms on face and scalp, appearing prominently down over either ear and cheek. It ex-foliates numerous scales, or cracks and discharges a yellow fetid humor. Boils form on the scalp, which looks dirty and emits an offensive odor. The body itches intolerably at night, worse in the warmth of the bed.

The child is pale, sickly, emaciated; nervous, crying out at night as from bad dreams; all medicines fail to relieve. The stool is distinctive, watery, brown or black, horribly offensive, worse by night. The child is worse when the weather changes.

The *Antimonies* have place here by reason of their resem-

blance to Sulphur, and because they are well adapted to scrofula, diarrhoea, etc. The child may look fleshy and well, but is subject to gastric catarrh. The eruptions are pustular, (especially in the tartrate); or develop thick horny crusts, (crudum). In the latter drug we find the nostrils and corners of the mouth covered with crusts, which crack and bleed.

The tongue in *Antim. crud.* is white; the babe vomits sour curdled milk as soon as it takes the bottle. Vomiting of food or drink as soon as taken. After nursing, the bowels move. Stools watery, containing fecal lumps, or costive, the stools being white, dry, irregular or hard lumps of curd; marasmus.

The *Antim. tart.* patient has nausea and retching, with vomiting, sweat on the forehead; afterwards languor, sleep. The stools are brown-yellow, fecal, watery, profuse, with sharp cutting colic. There are frequent jerks of the limbs during sleep.

In temperament the antimonies display marked irritability; the child will be neither touched nor looked at.

Antim. crud. is adapted to complaints arising from the heat of summer. While in Sulphur all bathing aggravates, in *Antim. crud.* it is particularly cold bathing which cannot be borne.

The gastric symptoms and intolerance of summer-heat place *Antim. crud.* with *Bryonia*. But the tartrate favors more *Veratrum album*. (See Bell on Diarrhoea.)

Borax, reserved from the nurses, who gave it no higher function than that of a wash for excoriated nipples or infant's sore-mouth, takes a useful place in our list of remedies.

The child grows pale, relaxed, flabby, cries, loathes the breast and falls into a heavy sleep. The head and palms of the hands are hot, the face is pale, clay-colored. Impaired nutrition is shown in the hot mouth and aphthæ on the tongue and cheeks, bleeding when rubbed. When awake or not sound asleep, the child is nervous, startled by sudden noises, as thunder, distant cannon-firing, etc. When rocked or lowered into its bed, it screams as if affrighted. It can bear no downward motion. Every attempt to nurse causes screaming. The stools are light-yellow, slimy, green, consist of small pieces of yellow feces, or are painless and as if fermented, thin, brown, smelling like carrion.

Dr. Bell, in his oft-quoted monograph, refers to the danger of mistaking *Borax* for *Bellad.* Both have screaming out and

starting from sleep, with tossing about, clinging to those near, etc. ; but only Borax has the fear of downward motion and the aphthous mouth.

Sepia bears some resemblance to Borax, as indeed it does to all soda compounds. The child wastes rapidly, eyes are sunken, palms and soles burning hot. During dentition the child cannot take any milk, especially if boiled. The stools are green and painless ; the child awakens frequently, especially wakeful after 3 A.M. Possibly suitable to females. Moist scabs on the scalp ; forehead rough.

Sarsaparilla is of service in those cases in which the child soon wastes away and looks withered like an old man and the skin hangs in folds. Eruptions are prone to appear in the spring, their bases are inflamed, the crusts detach readily out of doors, and the adjoining skin becomes chapped. On the forehead the crusta lactea is thick, becoming moist when scratched. Herpes and offensive sweat about the genitals, as in children of syctic parents.

The child becomes very restless and uneasy, screams before passing water, afterwards the diaper is found covered with a white sand.

The stool is accompanied by much flatus, and is often followed by fainting.

Graphites is selected by its skin symptoms principally. Like in all carbons, the discharges are apt to be offensive. Thus breath, stools, urine, sweat, all are offensive. The diarrhoea is brown, thin, fetid, mixed, containing half-digested food, or watery and scalding, or composed of white mucus, which also coats what fecal matter passes.

The child is impertinent and laughs at reprimands. It has a harsh rough skin, disposed to chafing. Eczema capitis forms thick dirty crusts, which ooze a glutinous humor, matting the hair. The eyelids thicken, their tarsi thicken, crack and bleed ; crusts form in the nose, with soreness and oozing ; a gluey discharge oozes from a raw surface behind the ears. The groins become sore and the inguinal glands swollen. Best adapted to fair plump children who look like the typical calcarea child but with well-marked skin symptoms.

Carbo veg. is generally called for late in the disease, when the vital powers are failing and there is little or no reaction to well-chosen medicines. The skin is cold, pale, or blue, the face having a greenish hue. The feet and legs to the knees are as cold as death. The child may have an anxious look, but it is too lifeless to move or exhibit much restlessness. The

breath may be cold and the pulse weak and rapid. The stools are dark, thin and cadaverous-smelling. Useful, too, in protracted sultry weather, when the days are hot and damp.

Arsenic steps in here as a worthy concordant of *Carbo veg.* The skin is dry, parchment-like; the face is sunken, pale, or earthy, and expressive of deepseated distress. When eruptions are present the crusts are thick, on an angry, excoriated surface, or dry, forming branlike scales. As the child grows weaker the eruption assumes a darker hue, and intertrigo may look even purple. *Arsenic* develops a perfect picture of gastritis, acute and subacute. Food and drink cause instant vomiting and diarrhœa. The constant burning thirst demands iced drinks, ice, etc., but they invariably cause distress in the stomach, making the child writhe in agony until they are ejected.

The stools green, slimy, bloody, dark, watery, undigested, excoriating and intolerably offensive. The urine may be suppressed, and the child lies in a stupor, hot and twitching. When aroused he is restless, demanding frequent change of position. On awaking he is cross and violent, his pinched features looking more hideous as he contracts the muscles and draws the lips more tightly over the gums. The tendency is surely deathward; but in some cases, when the symptoms appear more slowly, emaciation follows, but dropsy and great debility set in. The child looks like a living skeleton, cannot be raised from its pillow, vomits its food and purges when given drink.

Arsenic is adapted to such mummified cases, to bottle-fed babies, and to rapid decline, suddenly appearing in chronic cases.

When the symptoms rather favor Sulphur, *Arsenicum sulph. flav.* may be substituted. Stools green, slimy, watery and offensive, worse during the day, while it is well known the *Arsenicum alb.* has diarrhœa worse at night, after 12 P.M. When the glands are engorged with the usual arsenic symptoms *Arsenicum iodatum* may be substituted.

Argentum nitricum is adapted to emaciated children who look old, yellow and wrinkled. The face is pale, sunken, the weakness is so great that every motion is attended with trembling. This exhaustion is the result of rapid loss of fluids, as in cholera infantum, or of long-protracted diarrhœa and defective nourishment. The gastro-enteric symptoms, which indicate it in marasmus, are somewhat akin to those of *Arsenic*; but the inflammation is less intense, while the paresis

is more marked in the silver. Thus, with anæmia, weakness and emaciation, it is noticed that fluids taken seem to gurgle through at once. Also diarrhœa of green fetid mucus, with noisy emission of flatus at night. Child craves sweets, yet they aggravate the trouble.

Natrum muriaticum is to be preferred when the child is emaciated, notwithstanding it has a good appetite. The tongue is mapped, and vesicles or herpes form about the mouth. The wasting is especially marked about the neck. (Compare Verat. alb.)

In one case a child who, though old enough, could not talk, was cured with salt. The defect here was not paralysis, but arose from imperfect development of the muscles of the tongue and larynx. So, similarly, *Natrum mur.* may be used internally and topically for weak ankles in children; they stumble, or their feet turn under them. Salt here compares with Causticum, Sulphuric acid, etc., which, *cæteris paribus*, may relieve weak ankles.

Causticum is adapted to children who grow tardily, and who seem to suffer from a sort of paresis. The abdomen is swollen and hard, but the body is wasted and the feet are diminutive. They walk unsteadily and fall easily. This arises not only from weak ankles, but from weakness of brain also. Such children are timid, fear going to bed in the dark, and have a weak memory. They also have intertrigo during dentition, and eczema on the occiput.

Baryta is very similar to *Causticum* in mental weakness, timidity and slowness in learning to walk. Both, also, have an eruption chiefly on the occiput. But in *Baryta* the brain may be actually undeveloped, as in the sclerosis of infants. The child is dwarfish; it does not want to play, but sits idly in a corner. It cannot be taught, for it cannot remember. The face is red, the abdomen bloated, the rest of the body being wasted; stools imperfectly digested, loose and pappy, or hard and dry. Glands are enlarged, especially the cervical and the tonsils. Child wants to eat all the time, but is averse to sweet things and fruits. A little food satiates.

Phosphoric acid necessarily favors the Phosphor., but the child is apt to be listless and indifferent rather than oversensitive. The abdomen is swollen, and, if diarrhœa is present, there is much fermentation in the bowels. The diarrhœa, though long-lasting, does not proportionately weaken.

Sulphuric acid cures marasmus with restless, nervous, weakly children. They do everything hurriedly and yet without vim.

The eruption, similar to Sulphur, is associated with bright-yellow mucous stools, which are stringy or chopped. In addition, there is generally aphthous sore mouth, yellow and painful.

Natrum sulphuricum is to be chosen when a sycotic constitution is inherited; when the abdomen is bloated, with much rumbling of wind, and when the stool is watery, yellow, gushing, coming on so soon as the child begins to move in the morning. (Resembling, here, *Bryonia*.)

Complaints from living in damp dwelling. Of the remaining soda preparation, *Natrum phosphoricum*, we have sufficient knowledge to prescribe it in the marasmus of children who are bottle-fed. Abdomen swollen; liver large; colic after eating; stools containing undigested food.

The *Magnesia salts*, so abused in allopathy, are certainly neglected by homœopathy. They correspond to forms of marasmus which seem to depend upon defective digestion. In *Magnesia carb.* we find emaciation, swelling of the glands, abdomen bloated and heavy. The child suffers from griping pains, colic, followed by green, watery, sour diarrhœa. At other times the stool, if it stands, forms a green scum resembling that on a frog-pond.

In *Magnesia mur.* the child suffers from ozæna; the discharge is acrid, and the nose obstructed at night; scurf in the nostrils, the alæ and point being red and swollen. The stomach is bloated, and the stools are in large hard lumps, or crumble as they pass the anus. Such a child is puny, rachitic, or has an enlarged liver. The glands are swollen, and, like in *Silicea*, sweat of head and feet accompany all the symptoms.

The *Magnesia carb.* most resembles *Colocynth* (colic), *Rheum* (sour diarrhœa and griping), and *Chamom.* (green, yellow stools, with colic).

Dr. Clifton confirmed many of the above symptoms of *Magnesia mur.*

Conium has been of use when the abdomen is hard and distended; frequent sour stools, undigested. The effort at stool causes great weakness.

Gettysburg water has proved efficacious in affections of the joints and bones. Hip-disease, Pott's disease, with ulceration, the discharge being thin, watery, and offensive. The child suffers from diarrhœa, worse at every change in the weather. (Introduced by Dr. Macfarlan.)

Lithium carb., to which the Gettysburg water chiefly owes its efficacy, may be successfully used when the child has a

rough harsh skin; milk crust; ringworm, itching violently. The skin is seldom moist, being generally harsh and dry. The nose is swollen, internally sore and dry, with shining crusts in the nostrils. The diarrhœa is light-yellow, fecal in the morning and offensive at night; worse after fruit.

Staphisagria is too often forgotten. It resembles Coloc., Chanom. and Merc. The child has a humid, fetid eruption; scratching changes the place of the itching, and increases the oozing. The face is sunken, the nose pointed, and blue rings encircle the eyes. The teeth, as they appear, soon turn dark or crumble. The mouth is aphthous, the gums appearing pale, spongy and bleeding when touched. Nostrils sore with the catarrh; eyelids and corners of mouth ulcerated. Fetid night-sweat. The abdomen is swollen. Colic after the least food or drink. Stools hot, smelling like rotten eggs, or dysenteric. The child is irritable, asks for things, and then indigantly pushes them away.

Viola tricolor certainly leads the list when crusta lactea is the most prominent feature of the case. The incrustations are thick, and discharge copiously a thick, yellow, purulent matter. The child cannot sleep because of the irritation. The urine is profuse, and has an odor like that of cats. During sleep the hands twitch, the thumbs are clenched, the face is red, and the whole body hot and dry.

Hydrastis, though not known to be an antipsoric, is introduced to show its value in excoriations in the groins, as confirmed by Anna E. Griffith, M.D.

In addition, it may probably suit when the following symptoms are present, though as yet clinical confirmation is absent. Eczema on the forehead at the border of the hair, oozing after washing. Thick mucous discharges (more excoriating than the botanically related *Pulsat.*). Marasmus; great debility, faintness at the stomach; aphthæ of weakly children; tongue swollen, shows marks of the teeth, or appears raw, dark-red, with raised papillæ.

Nitric acid is called for in weakly children, after abuse of calomel, or who have inherited syphilis. The child is wasted, sallow, weak. The upper arms and thighs in particular are emaciated. There are aphthous ulcers in the mouth, with putrid breath. This acid attacks prominently mucous outlets; so we are apt to find ulcers or blisters about the mouth; soreness and rawness at the anus, etc. The diarrhœa consists of green mucus, sometimes fetid and undigested, and is worse in the morning. Stool followed by great exhaustion.

Glands enlarged. Sometimes indicated for the Calcareo patient, when debility and wasting persist despite the use of Lime.

Muriatic acid stands between Phos. acid and Nitric acid. Like the former there is present taciturnity; the child is too listless to move or take notice. Like the latter there are aphthæ in the mouth. The child has become exhausted from frequent vomiting and diarrhœa, and the stomach has become so weak it will no longer tolerate or digest food. This gastric atony is most marked about 10 to 11 A.M. The tongue is shrivelled and dry as leather, or covered with deep-bluish ulcers, having black bases; breath fetid; salivary glands tender, swollen. Stool involuntary when passing urine, followed by protrusion of purplish, extremely sensitive piles; prolapsus ani during urination. Also useful in muscular debility following abuse of opiates, soothing syrups, etc.

Theridion, recommended by Baruch for scrofulosis, has proved of great value in infantile atrophy, caries of the bones, rachitis, scrofulous enlargement of the glands, especially after the failure of Sulphur, Calcareo and Lycopodium.

Ozone.—In some cases in which the symptoms clearly indicate Sulphur, but that remedy fails, ozonized water cures. The symptoms from provings are all but identical with Sulphur. In one case a hip-disease which defied the latter remedy was cured by ozone water, three teaspoons daily.

Pinus sylvestris has been recommended for rachitis, when children, from weakness in the knees, do not learn to walk.

Oleum jecoris aselli, according to the provings, corresponds to atrophy of infants. It resembles Phosphor. and Iodium, and especially Calc. phos. The child is emaciated, with hot hands and head. Constant tendency to catarrhs. Bones affected; rachitis. Fever at night with sweat, mostly on the head, neck and hands. Cannot take milk. Vivid dreams; restless and feverish at night.

Hypophosphite of lime, when the child from excessive and protracted loss of fluids, as from long-lasting diarrhœa, chronic suppuration, etc., is reduced almost to a skeleton. Face wan, pale. Abdomen bloated. Limbs habitually cold. At times the pale face flushes, the head becomes hot, and the child nervous and excitable. Debility, with copious exhausting sweats. (Compare Cinchon., Phos., Calc. c., Phos. acid, etc.)

Cistus canadensis has hot, gray-yellow, spiriting stools; worse after fruit, and from 12 P.M. until noon. The glands, especially the cervical, are swollen or suppurating. All symp-

toms worse in wet weather. Tetter on and around the ears. Caries; indicated in thin scrawny children, of a well-described scrofulous diathesis.

Arum triphyllum, though not well defined as a remedy in diarrhœa, becomes indispensable in some cases (especially after scarlatina), with boring in the nose, picking at one spot; restless tossing; irritability; mouth and nose sore, raw; alæ and corners of mouth cracked and bleeding; putrid odor from the mouth.

Mercurius has many similarities with atrophy of infants, but must be used with some reservation, as relapses often follow its administration. It is, however, admirably adapted as an intercurrent when Sulphur ceases to improve. Its distinctive symptoms are: Emaciation; skin dry, rough, dirty-yellow or clammy, especially that of the thighs; icy-cold sweat on the forehead, sour or oily sweat on the scalp; eruption like herpes, but soon becoming pustular or suppurating; glands swollen and suppurating; skin chaps easily, becomes raw and sore; thirst; frequent attacks of jaundice; skin yellow; abdomen and right hypochondrium swollen and sore to pressure; stool green, sour, watery, with emaciation; diarrhœa bloody, slimy or green, with tenesmus often continuing after stool. In this latter symptom Mercury exhibits more constancy than in any other. It is often associated with colic, as from cold or indigestion. Prolapsus ani after stool, the tumor being dark-red and sometimes bloody. Genitals become sore and excoriated; urine causes pain; child pulls at the penis. The child is pale, weak and obtuse, or precocious and restless. In the evening it becomes anxious, restless; face becomes hot and red; speech is hurried, all reminding one of Belladonna. The fontanelles are open, the head large and covered with an offensive sweat. The gums are soft and bleed easily. Ophthalmia is common, with suppuration, especially when the lids are involved—all worse from the heat of the fire. Sour night sweats. It is rather inimical to Silicea, and must be carefully differentiated.

PART II.

REPERTORY OF PROMINENT SYMPTOMS.

(Including some additional symptoms and remedies.)

1. Child sad: *Hepar*, *Causticum* (cries at the least thing), *Lycop.*, *Natrum mur.* (cries if spoken to), *Sulph.*, *Viola tricolor*, *Psorin.*, *Calc. carb.* (cries persistently), *Graph.*, *Kali c.* (moans, 3 A.M.), *Borax* (cries when nursed or rocked).

2. Child afraid, full of fear: *Carb. veg.* (of ghosts), *Caustic* (of ghosts, of strangers), *Baryta* (of strangers, timid), *Borax* (of being rocked, of downward motion, of noises, as thunder, cannonading, etc., starts from noises, clings to those near), *Mercur.* (restless, full of fear in the evening).

3. Child apathetic, indifferent: *Phos.* (cares for nothing, is restless), *Phos. ac.* (wants nothing, listless), *Lycop.* (loses its wonted brightness and becomes quiet), *Baryta* (sits idly in a corner, cannot bear to read), *Mercur.* (indifferent, stupid).

4. Excitable, anxious: *Phos.*, *Petroleum*, *Silicea*, *Merc.*, *Sulph.*, *Sulph. acid*, *Borax*, *Kali carb.*, *Magnes. carb.*, *Psorin.*

5. Child irritable: *Sulph.* (and hasty, hard to manage), *Cale. phos.* (and perverse, peevish), *Antim. crud.* (and will not be looked at), *Arsenic* (becomes unmanageably angry, will not be spoken to, more so on awaking), *Cale. carb.* (and self-willed, cross before stool, also in afternoon, pupils enlarged), *Carb. veg.* (strikes, bites, kicks, anxious), *Lycop.* (a mild child suddenly becomes refractory, cross, frightened, kicks on awaking, especially cross when trying to urinate, red sediment), [*Kali carb.*, easily startled by noises, awakens cross, strikes, wants now this, now that]. *Phos.* (and restless at twilight, anger makes child worse), *Ant. tart.* (anger causes cough, will not be touched or looked at), *Borax* (startled by least noise), *Staphis.* (cries for things, which received, he throws away), *Iodium* (especially with enlarged mesenteric glands), *Silica* (and nervous, timid), *Petroleum* (easily angered), *Psorinum* (nervous, cries out at night), *Sepia*, *Sarsap.* (restless, screams on urinating), *Graphites* (laughs at reprimands), *Natrum mur.* (cries if spoken to), *Sulph. acid* (restless, hasty, nervous and weak), [*Zincum.*, brain affected], *Arum tri.* (restless, irritable, caused by sore mouth, etc.), *Mercur.*

6. Large head, sweating, placid expression, mild eyes, want of power to support itself (typical of rachitis): *Silicea*, *Cale. phos.*, *Cale. carb.*, *Mercur.*

7. Child precocious (uncommon in tuberculosis): *Cale. c.*, *Sulph.*, *Phos.*, *Lycop.* (mind active, body frail), *Mercur.*

8. Delirious, restless: *Arsenic* (tosses about, strikes its head with its fists), *Argent. nitric.* (especially before and between convulsions), *Lycop.* (4–8 P.M., also awakens as if terrified, screams, knows no one), *Psorin.* (awakens terrified), *Sulph.* (screams on awaking, becomes restless, cries at night, starts from sleep with screams), *Borax* (starts from sleep with anxious screams, throws hands about), *Kali carb.* (awakens cross and screaming, anxious, reaches for things, startled at slight

noises; worse after 12 P.M., generally about 3 A.M.), *Calc. carb.* (restless, cries out at night, makes an anxious face when lifted from the cradle, face pale), *Calc. phos.* (restless, grasps with the hands, anxious face, difficult respiration when raised in the arms), *Oleum jecoris* (restless and feverish at night, hot hands), [*Zinc.*, on awaking screams, knows no one, brain affected], *Arum tri.* (bores the nose, etc.).

9. Stupor, coma or drowsiness: [*Apis*], *Sulph.* (lies in a stupor), *Calc. phos.* (exhausted, limp, drowsy), *Calc. c.* (drowsy, pale, scratches its head when aroused), *Phos.* (comatose, wasted, pulse thready, cold), *Lycop.* (sleeps profoundly, lower jaw dropped, rattling breathing, eyes dull), *Antim. crud.* (drowsy all the forenoon), *Ant. tart.* (drowsy, sleepy, rattling breathing, cyanotic), *Borax* (falls into a heavy sleep), *Sepia* (drowsy by day, sleepless after 3 A.M.), *Carb. veg.* (lies as if dead, cold, blue, pulseless), *Arsenic.* (lies comatose, twitches, hot, restless, as if disturbed), *Phos. acid* (listless, drowsy, but easily awakened), Muriatic acid (in a restless, moaning sleep, slides down in bed during sleep, sudden red face with coma), [*Zinc.*, occiput hot, face pale, rolls head, hydrocephaloid].

10. Hydrocephaloid: *Sulph.*, *Calc. c.*, *Calc. phos.*, *Phos.*, *Arsenic.*, *Silicea*, *Lycop.* [*Zinc.*], [*Apis*], [*Cinchon.*, prostration which precedes].

11. Fontanelles remain open: *Sulph.*, *Calc. carb.* (sweat on the scalp), *Calc. phos.* (especially posterior font.), *Calc. iod.*, *Silicea* (head very large, whole head sweats), *Sepia* (jerks head backwards and forwards), *Mercur.* [*Puls.*].

12. Face: *Sulph.*: pale, cold sweat on forehead (hydrocephaloid); sunken, with deep hollow eyes, red, old-looking, wrinkled, spotted red. *Calc. carb.*: pale, watery, chalklike, red at times, sunken, pale, pinched, veins show through the face and scalp (sweat). *Calc. phos.*: sallow, sunken, blue around the eyes (hydrocephaloid). *Silicea*: earthy, waxen, sweaty. *Phos.*: hippocratic (hydrocephaloid), blue around the eyes, red cheeks, circumscribed, emaciated, with soft hair, delicate lashes, changing color. *Iodium*: yellow, brownish or sunken. *Lycop.*: earthy, blue around eyes, wrinkles, one cheek red after eating, sweat. *Psorinum*: pale, sickly, emaciated. *Borax*: pale flabby skin, sallow. *Sepia*: pale or sallow, sunken, yellow about mouth, yellow saddle across nose. *Sarsap.*: yellow, wrinkled, old-looking. *Carbo veg.*: anxious look, pale earthy hue, green, covered with cold sweat. *Arsenic.*: hippocratic, waxen, sallow, skin drawn tightly over bones, green, cold sweat. *Argent. nitric.*: old, wrinkled, yellow or brown. *Natrum mur.*:

pale, shining, greasy. *Causticum*: yellow, especially about the temples, distorted. *Baryta*: stupid silly look. *Phos. acid*: pale, blue around eyes, hippocratic. *Magnes. carb.*: red after meals. *Magnes. mur.*: pale, yellow (from the liver). *Conium*: pale, yellow. *Staphis.*: pale, sunken, sickly, dark around the eyes. *Nitric acid*: pale, eyes sunken, dark-yellow about the eyes, cheeks sometimes red, bloated around the eyes on awaking early. *Muriatic acid*: suddenly red, pale, sunken with the exhaustion. Hypophosphite of lime: wan, pale. *Zincum*, pale, now and then red. *Mercurius*: pale, yellow, at times red.

13. Eyes, ears, nose. Tarsi thickened: *Graph.* (and raw and cracked), *Staphis.*, *Borax*, *Antim c.* (canthi raw).

Styes: *Sulph.*, *Lycop.*, *Hepar*, *Silicea*, *Staphis.* (hardened), *Graph.* [*Pulsat.*], *Mercur.*

Ophthalmia serofulosa: *Sulph.*, *Calc. carb.*, *Hepar*, *Nitric acid*, *Silicea*, [*Phosph.*], *Argent. nitric.* (much pus, granular lids), *Borax*, *Graph.*, *Arsenic*, *Natrum mur.* (pus, spasm of lids), *Conium* (disproportionate photophobia), *Lycopod.* (bland pus), *Psorin.*, *Mercur.*

Otorrhœa: *Sulph.*, *Calc. carb.*, *Calc. iod.*, *Calc. phos.*, *Graph.*, *Lycopod.* [*Kali carb.*, thin yellow cerumen], *Arsenic*, *Ars. iod.*, *Cistus c.*, *Carbo veg.*, *Psorin.*, *Nitric acid*, *Silicea*, *Borax*, *Hepar*, *Baryta c.*, *Mercur.*

Serofulous catarrh: *Sulph.*, *Calc. carb.*, *Calc. phos.*, *Arsenic* (every winter, thick yellow), *Arsenic iod.* (glands swollen), *Hepar* (worse at every exposure), *Graph.*, *Lycopod.* (thick, purulent, nose stuffed up), *Nitric acid* (ulcers bloody), *Silicea* (ulcers bloody), *Phosph.*, *Baryta c.*, *Muriatic acid* (thin, excoriating, nosebleed), *Iodium* (hot, watery, at every cold; glands swollen), *Hydras.*, *Psorin.* [*Kaolin*, scabs in the nose, bleeding, nose sensitive], *Mercur.* (recurs at every damp change of weather) [*Stillingia*, excoriating, syphilitic, similar to *Kali hyd.*].

14. Eruption like milk crust: *Viola tri.* (thick, pours out yellow pus, mats hair), *Sulph.* (head and face bleeds easily; thick pus), *Calc. carb.* (spreads to face; thick mild pus; at times in isolated spots and white), *Calc. phos.*, *Hepar* (after salves; itches mornings), *Silicea* (more back of head; pustules), *Phosph.*, *Lycop.* (thick, offensive, angry, oozes pus, worse on occiput), *Sepia*, *Sarsap.* (worse out of doors; pus spreads the eruption), *Graph.* (sticky), *Carbo veg.*, *Arsenic* (angry excoriating discharge; branlike on forehead), *Hydras* (forehead), *Argent. nitric.* (nape of neck), *Natrum mur.* (nape of neck, impetiginoid), *Causticum*, *Baryta c.*, *Sulph. acid* (with stringy

stools), *Lith. carb.* (skin dry, harsh, itching), *Staphis.* (humid, fetid, occiput and behind ears), *Psorin.* (down over ears, temples and cheeks; moist, fetid, or scaly), *Petroleum* (eczematous, purulent, cracking), *Ant. c.* (hard thick crusts), *Conium*, *Cistus c.*, *Arum tri.* (corners of mouth sore, cracked, bleeding; *alæ nasi* bleeding), *Mercur.* (herpes, becoming scaly; pustules; eruption worse in warmth of bed), [*Stillingia*, moist, brown, excoriating, on the scalp].

15. Aphthæ, Stomacace: *Borax* (mouth hot, mucous surface of palate shrivelled; child cries when nursing; red blisters on tongue), *Nitric acid* (offensive ulcers, yellow ulcers, blisters on lips, salivation, gums sore, etc.), *Muriatic acid* (very weak, deep blue ulcers, etc.), *Sulphuric acid* (whitish ulcers, ptyalism, easily bleeding gums, ecchymoses), *Sulphur* (sour fetid smell; gums bleed; blisters and vesicles; saliva mixed with blood; excoriated about the anus, etc.), *Carbo veg.* (gums recede and bleed easily, oozing of blood, mouth hot, bloody saliva, edges of gums yellow, indented), *Natrum mur.* (blisters in and around the mouth, scorbutic gums), *Calc. carb.* (dry mouth alternating with salivation, constitution agreeing), [*Brvonia*, beginning, mouth dry so the child cannot nurse until it is moistened], *Staphis.* (gums ulcerated, spongy, white, receding, bleed easily; blisters; child weak, sickly; sunken eyes and surrounded by blue rings; cervical glands swollen, etc.), *Sepia*, *Hydrastis* (tenacious mucus hangs in shreds from the mouth; tongue, red, raw, blistered; weak children; eczema on forehead at margin of hair, worse from being washed; bloody purulent mucus from the nose), *Arsenic* (ulcers or blisters turn livid or black, ptyalism, restlessness and great exhaustion), [*Kali chlor.*, with extreme fetor, follicular stomatitis], *Conium* (grayish ashy hue to ulcers; gangrene); *Arum tri.* (great swelling of lining membrane and tongue; will not or cannot open the mouth; mouth raw, burning, bleeding; putrid odor; lips as if scalded; lips and nose chapped and bleeding; picks the nose or lips), [*Lachesis*, ulcers bluish, fluids return through the nose; can bear no clothing to touch the face or neck, etc.], [*Ranunc. scel.*, tongue looks as if covered with "islands"], *Ammon. carb.*, tonsils large, bluish; mouth raw; nose stopped up, arousing the child at night [*Apis*, rosy-red mouth and fauces; mucous surface swollen; tongue swollen and studded with small blisters; also in clusters on the tongue or along its border; slight thirst], [*Baptisia*, gums ooze blood and look dark, purplish, fetid odor; tongue brown; great exhaustion; can swallow only fluids], [*Capsicum*, suit-

able to fat, but flabby, sluggish children; small burning blisters in the mouth, having a carrion-like odor], *Mercur.* (scorbutic gums; saliva copious, offensive, bloody; ulcers with bases like lard; glands swollen; diarrhœa with tenesmus), *Hepar* (white aphthous pustules on the inside of lips and cheeks and on the tongue), [Salicylic acid, mouth dotted with white patches; burning, scalded feeling; ulcers on the tip of the tongue; many cases], [*Kali bichr.*, aphthous ulcers eating deeply; stringy mucus in mouth and throat; nasal catarrh], *Iodium* (aphthous eruption in the mouth; offensive odor; copious saliva; nasal catarrh, thin, excoriating), [*Mercur. corros.*, mouth terribly swollen; lips swollen and everted; ptyalism; nose sore and stuffed up with a gluey secretion].

16. Tonsils enlarged: *Baryta*, *Calc. iod.*, *Iodium*, *Lycopod.*, *Arsen. iod.*, *Calc. carb.*, *Hepar*, Nitric acid, Sulph., *Mercur.*, etc.

17. Goitre: *Iodium*, *Spongia*, [*Calc. fluor.*], *Calc. iod.*, *Calc. carb.*, *Hepar*, Conium [*Lapis alba*], [*Kali hyd.*], *Lycopod.*, *Natrum mur.*, Causticum [*Apis*], Sulph.

18. Appetite, hunger: *Sulph.* (weak and hungry 10 to 11 A.M., also at night, grasps at everything and thrusts it into the mouth), *Calc. carb.* (craves eggs), *Calc. phos.* (craves bacon, etc.), *Silicea* (no appetite, or voracious hunger, but on attempting to eat, loses all desire), *Phosph.* (even at night craves cold food), *Petroleum* (after stool), *Iodium* (very restless if hungry; appetite excessive; better while eating), *Hepar* (child seems stronger just after eating), *Lycopod.* (inordinate, but soon surfeited), *Psorin.* (even at night), *Graph.*, *Baryta* (constant desire to eat, but averse to sweets), *Argent. nitric.* (wants sweets, but they disagree), *Natrum phos.*, *Staphis.*, *Natrum mur.* [*Zinc.*].

19. Thirst: *Calc. c.* (especially P.M., and night), *Sulph.* (much thirst, but no appetite), *Arsenic* (burning, unquenchable, or little and often), *Carbo veg.*, Nitric acid, *Natrum mur.*, *Phosph.* (for cold drinks), *Phos. acid* (for something refreshing), *Silicea*, *Mercur.*, etc.

20. Vomiting: *Sulph.* (chronic), *Calc. carb.* (curdled, sour milk), *Silicea*, *Arsenic*, *Phosph.* [*Calc. acetica*], *Antim. crud.*, *Ant. tart.* [*Ethusa*, vomits green curd, exhausted afterwards], [*Kreos.*, even hours after nursing; stomach so weak it will tolerate no kind of food].

21. Eating, cries as soon as he eats: *Arsenic*, *Calc. phos.*, Sulph., *Staphis.*, etc.

Eating or nursing causes diarrhœa: *Arsenic*, *Argent. nitric.*,

Croton tig., *Staphis.*, *Phosph.*, *Phos. acid.*, *Sulph.*, *Lycopod.*, *Sulph. acid.*, *Carbo veg.* [*Cinchona*, *Ferrum*].

Fruit provokes diarrhœa: *Arsenic*, *Lith. carb.*, *Magnesia carb.*, *Sulph.*, *Muriatic acid*, *Kali carb.*, *Cistus can.* [*Laches.*].

Milk disagrees: *Sulph.* (passed undigested, vomited, causes colic), *Calc. carb.* (vomited in sour lumps, passed in white curds), *Magnes. carb.* (colic, indigestion, sour, white and green stools), *Antim. crud.* (vomited or passed undigested), *Sepia* (also if boiled), *Arsenic*, *Carbo veg.* (abdomen swollen) [*Kali carb.*], *Nitric acid* (will not digest), *Silicea* (vomits mother's milk), *Conium* (abdomen inflated).

Worse from bottle-food—from artificial foods: *Arsenic*, *Sulph.*, *Lycopod.*, *Calc. c.*, *Calc. phos.*, *Magnes. carb.*, *Natrum phos.*

Worse from fresh meat: *Causticum*.

Worse from smoked meat: *Calc. carb.*

Better from ham, bacon, etc.: *Calc. phos.*

Worse from eating potatoes: *Alumina*, *Sepia*.

Worse from cold water: *Arsen.*, *Lycop.*, *Sulph.*, *Carbo veg.*

Worse from sweets: *Argent. nitric.*, *Zinc.*, *Calc. c.*

22. Abdomen swollen: *Sulph.*, *Calc. carb.*, *Phosph.*, *Lycopod.*, *Graphit.*, *Causticum*, *Arsenic*, *Baryta carb.*, *Staphis.*, *Magnes. mur.* (from enlarged liver), *Natrum sulph.* (from flatus), *Conium* (hard and distended), *Phos. acid.* (with gurgling, rumbling flatus), *Merc.* (swollen especially about liver with sensitiveness), [*Stillingia*].

23. Remedies known to have enlarged mesenteric glands: *Sulph.*, *Calc. carb.*, *Calc. phos.*, *Calc. iod.*, *Iodium* [*Conium*], [*Silicea*], [*Baryta c.*], [*Arsenic*]. Probably we may include: *Hepar*, *Phosph.*, *Graphites*, [*Natrum phos.*], *Staphis.*

24. Fatty degeneration of the liver (common in tuberculo-sis): *Phosph.* [*Aurum*, with caries of bones or syphilis], *Arsenic*, *Silicea*.

25. Enlarged liver: *Sulph.*, *Magnes. carb.*, *Magnes. mur.*, *Mercur.*, *Lycopod.*, [*Nux vom.*], *Sepia*, *Silicea*, [*Chelid.*], [*Teucr.*], [*Leptand.*].

26. Diarrhœa. Undigested: *Sulph.*, *Calc. c.* (contains curdled milk), *Graph.* (thin, brown, half-digested and fetid), *Calc. phos.* (and hot), *Phosph.* (with great exhaustion), *Phos. ac.* (without much exhaustion), *Hepar* (and sour, white or green), *Antim. crud.* (hard lumps of curdled milk), *Arsenic* (at once when eating), *Argent. nitric.* (on eating and at night,

gurgling through), Baryta carb., Natrum phos. (bottle-fed), Conium (and sour).

Watery: *Sulph.* (sudden urging), *Calc. c.*, *Calc. phos.* (and hot), *Phosph.* (white), *Psorin.* (and black, offensive, at night), *Antim. crud.* (and containing fecal lumps), *Ant. tart.* (and profuse), *Graph.* (and half-digested), *Carbo veg.* (rather a dark, thin, fecal diarrhœa, very offensive), *Arsenic* (brown or black, with restlessness and anguish), *Phos. acid* (like Phos., but with much gurgling in abdomen), *Sulph. acid* (with irritability and weakness), *Magnes. carb.* (green, sour, frothy), *Natrum sulph.* (yellow), Nitric acid (yellow, white), *Merc.* (green, watery, sour).

Smell: *Sulph.* (sour, fetid), *Calc. carb.* (like rotten eggs, pungent, sour), *Calc. phos.* (with offensive flatus), *Phosph.* (sour), *Hepar* (sour, like rotten cheese), *Argent. nitric.* (fetid), *Arsenic* (like carrion), *Iodium*, *Graphit.*, *Lycopod.*, *Sepia*, *Psorin.*, *Lith. carb.*, *Sulph. ac.*, *Carbo veg.* (putrid, offensive), *Silicea* (small, liquid, putrid), *Borax* (like carrion), *Staphis.* (like rotten eggs).

Purulent: *Arsenic*, *Iodium*, *Calc. c.*, *Kali c.*, *Lycop.*, *Sulph.*, *Sep.*, *Silicea*.

Mucous: *Sulph.* (with fever), *Sulph. acid* (chopped, stringy, frothy), *Phosph.* (white, granular), *Borax* (yellow), *Silicea* (and fæces), *Graph.* (coated fæces), *Calc. carb.* (green), *Sepia* (green), *Calc. phos.* (green, slimy), *Magnes. carb.* (green, like scum in frog-pond), *Argent. nitric.* (green at night, with much flatus), *Arsenic* (brown), *Iodium* (frothy), *Ars. sulph. flav.* (green, slimy, offensive), Nitric acid (green, fetid), *Merc.* (green, with tenesmus), [Stillingia, and white, pasty].

With much flatus: *Argent. nitric.* (at night), *Calc. phos.* (fetid), *Carbo veg.* (putrid), *Sarsap.* (with much flatus; faint afterwards), *Natrum sulph.*, *Sulph.*

Bloody: *Sulph.* (in streaks), *Argent. nitric.*, *Arsenic*, *Phosph.*, *Sep.*, *Silicea*, *Mercur.*

Bilious: *Arsenic*, *Sulph.* (*Ars. sul. rub.*), *Phosph.* (golden), *Mercur.* (green).

White: *Calc. carb.*, *Hydras.* (chalklike), *Hepar*, *Ant. crud.*, *Phosph.* (grains), *Magn. carb.* (like tallow), *Kali carb.* (gray, fecal), *Lycopod.* (pale, fecal) [Stillingia].

Diarrhœa with excoriation or redness of the anus: *Sulph.*, *Arsenic*, *Phosph.*, *Graphites*, *Antim. crud.*, *Staphis.* [*Natrum mur.*], *Mercur.*

27. Stools costive: *Sulph.*, *Lycop.*, *Magnes. mur.* (crumbling as they pass), *Ant. crud.* (hard white lumps), *Graph.*

(mucus-coated), *Calc. carb.* (claylike, gray, fecal), *Calc. phos.* (hard, causing great depression), *Causticum* (urging causes red face), *Hepar* (hard, difficult, often with eruption in bends of joints), *Silicea* (more than diarrhœic; rectum inactive, spine weak, stool slips back).

28. Alternately costive and diarrhœic (said to denote mesenteric disease); *Antim. c.*, *Phosph.*, *Lycopod.*, *Sulph.*

29. Urine suppressed: *Sulph.* (with hydrocephaloid), *Lycopod.*, *Silicea* (hydroceph.), *Carbo veg.*, *Arsenic* [*Zinc*], [*Apis*], [*Camph.*].

30. Wetting the bed: *Sulph.*, *Sepia* (first sleep), *Caustic.* (worse in winter or when coughing), *Calc. carb.*, *Graph.*, *Silicea*, *Arsenic*, *Natrum mur.*, etc.

31. Stool passes with urine: *Muriatic acid*.

32. Urine strong, fetid, but clear: *Calc. carb.*; — strong, like that of the horse: *Nitric acid*; — strong, turbid: *Benzoic acid*; — ammoniacal: *Iodium*; — milk-colored; *Phos. acid*; — fetid: *Arsenic*, *Phos. acid.*, *Carbo veg.*; — smelling like that of the cat: *Viola tricolor*; — depositing a sandy sediment; *Sarsap.*, with crying before passing; *Lycop.*, red sediment; *Graph.*, becomes sour or turbid with reddish sediment; *Calc. carb.*, sediment like flour; *Ant. crud.*, *Natrum mur.*, *Sepia*, all have reddish sediment; *Borax*, acrid, fetid urine; aphthæ.

33. Hydrocele: *Silicea*, *Graph.*, *Arsenic*, *Conium* [*Apis*].

34. Bronchial catarrh (often a symptom of atrophy; frequently, also, tuberculosis): *Sulph.* (dry cough, flushes of heat, rattling of mucus; sputum yellow, purulent), *Calc. carb.* (rattling of mucus; loose cough), *Calc. phos.*, *Phosph.* (violent cough, quick breathing, oppression of the chest; cough with diarrhœa, hoarseness, etc.), *Hepar* (croupy, harsh even if loose), *Iodium* (croupy, hoarse, worse in warm wet weather), *Conium* (dry teasing cough, worse when lying), *Lycopod.* (loose rattling cough, moist râles; sputum yellow, purulent), *Sepia* (dry cough, causing bilious vomiting), *Arsenic* (dry cough, or with frothy sputum and emphysematous dyspnœa), *Baryta* (glands of neck enlarged, also those of the bronchi), *Ant. tart.* (cyanotic symptoms; dyspnœa, child cannot nurse; cries with cough, also cough when angry), *Hypophosphite of lime*, *Silicea* (rachitic children; pain under sternum; loose cough, with purulent sputum; nightsweats), *Sulph. acid* (belches when coughs), *Oleum jecoris* [*Kali hyd.*, lungs hepatized; sputum frothy, green, looking like soap-suds], [*Kali carb.*]

predominant stitches; shortness of breath; sputum contains pus globules].

35. Jerks the legs on dropping off to sleep: *Sulph.*, *Arsenic*, *Borax*, *Ant. tart.*, *Lycopod.* [*Zinc.*]. Hands twitch, thumbs clenched: *Viola tric.* Twitching, hot; stupor: *Arsenic*.

36. Ankles weak: *Caustic.* [*Natrum carb.*], *Natrum mur.* (also topically), *Sulph. acid*, *Sulph.*, *Calc. carb.*, *Calc. phos.*

37. Will not stand, spine weak: *Sulph.*, *Calc. carb.*, *Calc. phos.* (head drops), *Silicea*.

38. Every wound or abrasion festers: *Sulph.*, *Calc. carb.*, *Hepar.*, *Silicea*, *Petrol.*, *Carbo veg.*, *Graph.*, *Lycopod.*, *Mercur.* Ulcers on the fingers: *Sepia*, *Borax*.

39. Appearance of health, plumpness: *Sulph.*, *Calcar. carb.*, *Calc. iod.*, *Antim. crud.* [*Arsenic*], *Graphites*, *Hepar*.

40. Skin clear, thin, veins shine through (often in tuberculosis): *Phosph.*, *Calc. phos.*, *Calc. carb.*, *Lycop.*

41. Indurations of soft parts: *Silicea*, *Sulph.*, *Conium*, *Hepar*, *Iodium*, *Baryta*, *Phosph.*, *Magnes. mur.*, *Graph.*, *Lycopod.* [*Carbo anim.*], *Carbo veg.*, *Staphis.*, *Sepia*.

42. To soften cicatrices: *Graph.* [*Phytolac.*].

43. Emaciation: Child looks like an old man: *Sulph.*, *Calc. c.*, *Iod.*, *Sarsap.*, *Arg. nit.*, *Arsenic*. Emaciated, yet appetite good: *Sulph.*, *Iod.*, *Calc. c.*, *Calc. phos.*, *Nat. m.*, *Staphis.*, [*Selen.*]. Emaciation of the neck: *Nat. m.*, *Calc. phos.*; — of the face and hands: *Selen.*, *Phosph.*; — of whole body: *Sulph.*, *Calc. c.*, *Calc. phos.*, *Lycopod.*, *Silicea*, *Phos.*, *Phos. acid*, *Petroleum*, *Borax*, *Sepia*, *Sarsap.*, *Merc.*, *Graphit.*, *Carbo veg.*, *Arsenic*, *Arg. nitric.*, *Baryta c.*, *Causticum*, *Sulph. acid*, *Muriatic acid*, *Nitric acid*, *Hydrastis*, *Staphis.*, *Oleum jecoris*, *Psorinum*; — of arms and thighs: *Nitric acid*; — of upper part of body: *Lycopod.*

44. Glands enlarged: *Sulph.*, *Calc. c.*, *Calc. phos.*, *Calc. iod.*, *Phosph.*, *Phos. acid*, *Silicea*, *Oleum jecoris*, *Natrum mur.*, *Graph.*, *Carb. veg.*, *Arsenic*, *Ars. iod.*, *Cistus*, *Mercur.*, *Therid.*, *Petrol.*, *Baryta*, *Nitric acid*, *Staphis.*, *Sepia*, *Caustic.*, *Psorin.*, *Conium*, *Magnes. c.*, *Magnes. m.*, *Sulph. acid*, *Hepar*.

45. Bones: Imperfectly developed: *Sulph.*, *Calcar. carb.* (and soft joints large), *Phosph.*, *Hypophos.* of lime, *Silicea*, *Calc. phos.*, *Calc. iod.*, *Theridion*, *Hepar*, *Iodium*, *Phosph. acid*, *Oleum jecoris*, *Mercur.* (pains worse at night). Bones brittle: *Calc. phos.* (skull). Caries, Necrosis: *Phosph.* (especially lower jaw), *Sulph.*, *Silicea* (fistulous openings, thin pus), *Gettysburg water* (of vertebræ or at joints), *Nitric acid* (mas-

toid, skull), *Staphis.* (fingers), *Phos. acid.*, *Theridion*, *Calcar. carb.*, *Lycopod.* [*Aurum*, syphilitico-mercurial cases, of mastoid, nasal bones, skull], [*Asafetida*, skin around bluish, adherent, sensitive even to light dressing], [*Strontium*, of femur, diarrhœa], [*Chloride of gold and Platinum*], [*Fluoric acid*, like *Silicea*, but symptoms relieved by cold], *Iodium*, [*Mezer.*, with intolerable pains at night after Mercury], *Oleum jecoris* (fistulous openings; pus flocculent, nauseous), [*Stillingia*], *Cistus can.* (submaxillary). Bony tumors: *Silicea* [*Calc. fluor.*], *Sepia*, *Calc. carb.*, *Calc. iod.*, *Calc. phos.*, *Sulph.*, [*Hecla lava*], [*Aurum*], *Lycopod.*, *Phosph.* (of skull, of clavicles), [*Asafœt.*], *Mercur.* Bones curved; spinal curvature: *Sulph.*, *Calc. carb.*, *Calc. phos.*, *Lycopod.*, *Silicea*, *Gettysburg water*, *Nitric acid*, *Phosph.*, *Phosph. acid.*, *Oleum jecoris*, *Iodium*, *Hepar*, *Sepia*, *Mercur.* Complicated with syphilis: [*Kali hyd.*], *Nitric acid*, *Hepar* [*Mezer.*, mercurialized], [*Aurum*], [*Fluoric acid*], [*Phytolac.*], [*Stillingia*], [*Asafetida*], *Mercur.* Joints: *Sulph.*, *Calc. carb.* (white swelling, pains intermit at night), *Calc. phos.* (suppuration, pus contains spicula of bone, tendency to articular pains at every damp change of weather), *Silicea* (fistula, caries), *Gettysburg water* (caries, thin, ichorous discharge), *Lycopod.* (awakes screaming, cross, violent; beginning of hip-disease), *Iodium* (swollen, doughy; fistulous openings, with watery pus), *Oleum jecoris* (fistulæ, with flocculent pus), [*Apis*, synovitis, with copious exudation], *Arsenic* (fetid pus, œdema, great exhaustion), *Carbo veg.* (similar to *Arsenic*, but with less irritability of fibre, restlessness, etc.), *Baryta c.* (white swelling, pains intolerable at night), *Ozone* (hip, *see* Part I), *Caustic.* (burning pains, caries).

46. Tuberculosis (remedies known to have been useful): *Phosph.* (brain or lungs), *Sulph.* (in the beginning, but must be selected strictly), *Calcar. carb.* (follows the former well), [*Spongia*, of lungs, with dry, harsh cough], *Hepar* (after the former, cough harsh, but at the same time much phlegm), *Calcar. phos.*, *Hypophos.* of lime, *Caustic.* (of the spine), *Baryta carb.* (of the spine; also with indurated glands), *Lycopod.* (lungs; also of the liver), *Silicea* (with purulent breaking down, abscesses, lungs, liver), *Magnes. carb.* (of liver) [*Apis*, of brain], *Helleb.*, of brain], *Argent. nitric.* (brain), *Phosph. acid.* (of lungs), [*Kali carb.* of lungs], *Nitric acid* (of lungs; follows *Calc.*; morning diarrhœa; sputum purulent; great emaciation), [*Mangan.*, *Drosera*, *Argent. met.*, of the larynx], *Ozone* (of the larynx), [*Glanderin* is said to have caused it in lungs], [*Laches.*, one of the best after pneumonia when tuber-

cles are present], *Iodium*, *Oleum jecoris*, *Hydrastis* (of lungs, with weakness at the stomach and diarrhoea). Compare Joints, and 7, 23, 24, 34, 42, 43, 46, 49.

47. Serous membranes (commonly attacked in tuberculosis): *Sulph.*, *Arsenic* [*Bryonia*], *Hepar*, *Phosph.* [*Kali carb.*], *Ant. tart.*, [*Apis*, synovitis].

48. Feels bruised all over, worse from any motion (often anticipates rachitis): *Calc. phos.* [*Ruta*], *Hepar*, *Silicea*, *Phosph.*, *Oleum jecoris*.

49. Skin has an offensive odor, despite frequent washing: *Sulph.*, *Psorin*.

50. Skin dry, hot: *Sulph.*, *Calc. carb.*, *Lycop.*, *Arsenic*, *Oleum jecoris*, *Viola tric.* Skin cold: *Arsenic*, *Carbo veg.*, *Sulph.* [*Camph.*], [*Verat. alb.*], *Calc. carb.*, *Calc. phos.*, *Mercur.* (clammy).

51. Kicks the clothes off (said to be a symptom of rachitis): *Sulph.*

52. Aggravations: Worse living in damp dwellings: *Natrum sulph.* Worse when the weather changes: *Sulph.*, *Psorin*, *Gettysb.*, *Calc. phos.*, *Calc. carb.*, *Mercur.* Worse in the spring: *Sarsap.*; worse in summer, in hot weather: *Antim. crud.*, *Natrum mur.*, *Sepia*, *Sulph.* (eyes), *Conium* (photophobia), *Carbo veg.*, *Silicea*. Worse in electric changes: *Phosph.*, *Silicea*, *Petrol.* [*Rhod.*]. Worse when washed: *Sulph.*, *Calc. carb.*, *Antim. crud.*, *Sepia*, *Hydrastis*, *Nitric acid*, *Sarsap.*, etc.

53. Relations of the remedies in the symptoms given: *Sulph.*, followed by *Calc. c.* (child nervous, pupils large, etc.), *Lycopod.*, *Psorin*, *Sepia*, *Silicea*, *Ozone*, *Phosph.*, and in general all. *Mercurius* is an appropriate intercurrent remedy when *Sulph.* fails or only aggravates. *Carbo veg.* similar to *Arsen.*, *Camph.* (collapse). *Calcar. carb.*, followed by *Silicea* (bones ulcerate), *Lycopod.*, *Iodium*, *Phosph.*, *Therid.*, *Nitric acid* (debility continues, child thin), *Bellad.* intercurrent. *Calc. phos.*, similar to *Sulph.*, *Phosph.* *Silicea* similar to *Phosph.* (abscesses of glands, nervousness, etc.), *Fluoric acid* (bone diseases), *Nitric acid* (bones, ozæna, etc.), *Gettysb.* (spine), *Hepar*, *Mercur.*, said to be inimical. *Phosph.* similar to *Hypophos.* of lime, *Petroleum*, *Arsenic*, *Silicea*, *Carbo veg.*, *Caustic*, inimical. *Arsenic* similar to *Argent. nitric.*, *Cinchon.*, *Verat. alb.*, *Ferrum*, *Graph.*, *Phosph.*, *Ars. iod.*, *Ars.*, *Sulph. rub.*, *Ars. sulph. flav.*, *Secale*. *Baryta c.* similar to *Caust.*, *Calc. iod.* (glands), *Conium* (glands). *Lycopod.* similar to *Arsenic* (cross on waking), *Graph.*, *Arsenic*, *Sarsap.*, *Therid.*, *Iodium*,

Lach. Antim. crud., similar to Bryon., Sulph. Antim. tart. similar to Verat. alb. (diarrhœa). *Argent. nitric.* similar to *Natrum. mur.* Sepia similar to *Natrum mur. et phos.*, Borax, Sulph. Phosph. acid similar to Arsenic, Cinchona; both suit in anæmia (brain exhaustion from protracted diarrhœa). Magnesia carb. similar to Calc. carb., Coloc., Chamom., Rheum. Magnesia mur. similar to Silicea. *Staphis.* similar to Mercur., Chamom., Carbo veg., Graph., Coloc. Hydrastis, similar to Silicea, Sulph., Lycopod. (intertrigo), Clematis (eruption worse from washing). *Muriatic acid*, similar to *Phos. acid*, *Nitric acid*, Rhus tox (irritable weakness, etc.), Carbo veg, Arsenic. *Sulph. acid.* similar to *Sulph.*, Pulsat. *Natrum sulph.* similar to *Thuja* (sycosis, etc.), Bryonia (diarrhœa), *Sarsap.* (sycosis), *Staphis.* (sycosis). *Sarsapar.* similar to Lycopod., Sepia, Calcar. carb., Mercur., Viola tric.

Mercurius similar to Bellad., Hepar, Carbo veg., Nitric acid, Staphis., Hydrastis, Sulph. It symptomatically resembles Calc. carb. and Silicea so closely as to require great caution in its choice. The latter remedy is said to be inimical to Mercury. When Sulph. ceases to improve, or acts too energetically, Mercury may be interposed. *Arum tri.* similar to Nitric acid, Lycopod., Silica, Ailanthus, Arsenic, Phosph., etc.

AN ANOMALOUS CASE OF CONGENITAL UMBILICAL HERNIA.

BY CHARLES MOHR, M.D., OF PHILADELPHIA.

(Read before the Homœopathic Medical Society of Philadelphia.)

ON September 10th, 1877, I attended a woman who gave birth to a healthy-looking female child with an irreducible umbilical hernia. The tumor was about the size of a hen's egg, very dense, a gurgling sound being elicited only by persistent alternate hard and soft pressure. On the under surface of the tumor, arising from the cord, I found a sac-like swelling about the size of a walnut, and another on the left side, both containing a light transparent fluid. The mother enjoys apparent good health, but had given birth to two boys previously, both of whom refused the breast-milk, and until teething had well progressed suffered nigh unto death with marasmus. During her last pregnancy the mother had had several hard falls, which may account for the abnormality in the case under consideration. Failing to reduce the hernia,

I ligated and severed the cord about one inch beyond the gut and administered *Nux vomica*, hoping that perhaps after the discharge of the meconium the tumor might be reducible. Two small passages from the bowels took place within sixteen and twenty hours after birth. At the end of twenty-four hours I endeavored to reduce, but failed, and Dr. Charles M. Thomas was called in consultation. We decided to await further movements from the bowels, and then, if the case demanded it, resolved to resort to the knife. At the end of the second day, no other passages had taken place, the sac-like swellings had shrunk and the line of demarcation at the umbilicus was plainly visible, and concluding that the degenerative process would involve the bowel and thus end the child's life, as we had diagnosed intimate adhesion between cord and gut, decided on operative measures at once, and thus give the babe the only chance for life. Dr. Thomas skillfully cut down through the substance of the cord until the gut was reached, when we found the bowel closely adherent to the sides of the cord and somewhat hypertrophied. Breaking up the adhesions the gut was freed, and we had a good view of the cæcal portion of the intestines and an *appendix vermiformis* about three-quarters of an inch long. A portion of the gut seemed fatty. The hernia must have occurred early in fetal life, as the abdomen was very small, the peritoneum only having developed sufficiently to embrace the intestines found within the abdominal cavity at birth, and providing no room for that portion found outside of the walls of the abdomen. With great difficulty the gut was returned through an enlarged aperture, and the wound closed by interrupted sutures of silver wire. The proper dressings were applied, and *Aconite* administered to control the fever, which it did nicely, the child having passed but a few restless hours the first night after the operation. We feared trouble from twisting of the bowels in so small a space, but were agreeably surprised next day to learn that the child had had seven normal passages. Matters progressed very favorably, and we hoped to see the case terminate in a complete recovery, but on the ninth day after the operation a change set in. The abdomen became enormously distended, the bowels were moved slightly only with great difficulty, though appropriate remedies were administered and clysters given. The child refused the breast, wasted rapidly, the features wore a most distressed look, and for two days frequent vomiting of fecal matter proved a source of great trouble, though *Aconite*, *Bellad.*, *Ipec.*, *Nux vom.*, *Opium* and *Sulphur* were tried to

relieve. On the twelfth day after the operation, and on the fourteenth after birth, the little one died. An autopsy *cadaverica* was denied.

TERATOLOGY, OR THE SCIENCE OF MONSTERS.

BY M. M. WALKER, M.D., GERMANTOWN, PHILA.

(A Lecture delivered before the class of the Hahnemann Medical College of Philadelphia, January, 1878.)

GENTLEMEN: I was led to look up this subject, owing to the birth of this *acrania with cerebral hernia*, on the 13th instant. It affords me much pleasure to present this to you, preserved in alcohol, with the accompanying photographs, to

FIG. 1.



be placed in the museum of this College, where I find two similar monstrosities. One of these was born in New Jersey last year, the other has no history appended. Both of the latter are *anencephalia* as well as *acrania*.

Numbers of monsters have been presented to the medical museums of this city, while many others were not allowed to be seen outside of the families wherein they were born.

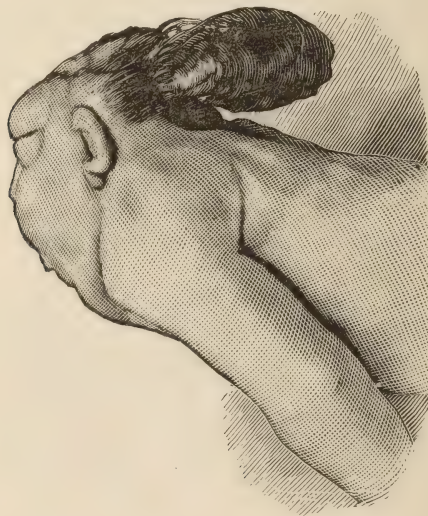
While practicing in Menomonee, Michigan, Dr. O. B. Bird delivered one, which he sent, in alcohol, to the Hahnemann College of Chicago, while another, which lived a few hours, occurred in the practice of an allopathic physician of the same

town. Both of these were born some months after the Chicago and other fires, which raged with such devastation a few years ago, near the shores of Lake Michigan.

Dr. Charles Clay, of Manchester, one of England's most eminent accoucheurs and ovariologists, wrote me that several had occurred in his practice, and on page 32 of his *Handbook of Obstetric Surgery* he gives in outline a cut of one similar to this specimen, taken from sketches of a Dutch anatomist.

The father of this child is twenty-seven, the mother twenty-four years of age. They occupy an humble position in life, the father being a carpet weaver. Both usually enjoy good health, have been married four years, and have a healthy

FIG. 2.



son three years old. During both of her pregnancies the mother suffered with pains in her wrists, while a sister of hers suffered with relaxation of the ligaments of her wrist-joints, sometimes amounting to luxation, during each of her three pregnancies.

The mother's mother is a stout cheerful woman, who enjoyed good health till a year before her marriage, when she had pneumonia and intermittent fever. During the first year of her marriage she miscarried at about the sixth month. Her oldest child is a man of twenty-seven years. Since his birth she has been subject to headaches, nervous spells and

convulsions, falling unconscious for a few minutes, no frothing at the mouth. She has been treated by physicians of both schools for inflammation and engorgement of the cervix uteri, with anteversion, irritation of the right ovary and dyspepsia.

Her case has not been pronounced epilepsy, but attributed to the above causes, and she has no knowledge of any case of epilepsy among her relatives.

For a year the parents have been in straitened circumstances, which caused the mother more than usual anxiety. Before she knew herself pregnant she packed goods over the edge of a high box, lifted heavy articles of furniture, and was greatly distressed a month or so later by an unexpected sale, and the want of employment of her husband. This mental distress continued till she seemed to live in a morbid cloud, which every annoyance increased.

December 6th, 1876, the Brooklyn Theatre was burned, when about three hundred people lost their lives. A few days later the illustrated papers had a profusion of engravings of these unfortunates, showing limbless bodies, arms and legs lying about, rows of coffins, and frantic relatives looking for their lost, while other bodies were laid on boards awaiting recognition. She would get these, look at them intently, give a few sighs, put them away, and repeat her longing and sighing several times a day during her entire pregnancy.

In June, or during her second month of gestation, they moved to a new house, where the yard fence had a fire-mark upon it, resembling a man with fingers spread, hair on end and limbs contorted. Her desire to look at this amounted almost to mania. Every time she went to the pump or opened the kitchen door she would see it, and when busy in the dining-room would go to the window, look and sigh, cover her face with her hands and walk away. The mark was noticed by several persons independently, and a morbid imagination could picture it with the utmost degree of horror. After it became known how this worried her, it was whitewashed over but still could be seen.

In other respects her symptoms were few, her labor easy, and of six and a half hours' duration.

The anomaly was diagnosed by the elongated pulpy mass, around the base of which the unequal ridges of the bones of the cranium were easily felt, covered by the hairy scalp. The pulsations of the fetal heart were heard till within an hour of birth. As usual the fœtus was small, was still-born, and the recovery of the mother similar to that after a short labor.

The sex is male, it is well formed, except in those parts especially described, weighs four pounds, and is fourteen inches long.

The skull is incomplete, the entire frontal bone is wanting, the parietal and occipital bones are partially formed and compressed.

The tumor commences near the vertex, and hangs down the back as far as the first dorsal vertebra, like a lady's chignon. This is elastic, about the size of a duck egg, not covered with hair, and dissection showed a portion of the longitudinal sinus extending through its length, with some brain-substance but no convolutions. In these cases some of the cervical vertebræ are occasionally wanting or compressed, leaving no neck; in this they are present, but the spinous processes are absent, while on either side of the spinal column are ridges of ossific points showing an attempt at cranial formation, while the hernial sac lays in the fossa between them. These ridges converge to a point at the first dorsal vertebra, having the base of the triangle upward.

At the first dorsal vertebra there is an opening through which I introduce this probe to the vertebral foramen, and thence to the sacrum. The tongue protrudes, giving it a resemblance to some of the Chinese idols at the Centennial Exhibition, or to, as the colored man who handled the negatives at the photographer's called them in great disgust, "bull-frogs."

2. In Geoffroy St. Hilaire's *Histoire Des Anomalies de L'Organisation* I find, among many cuts of monstrosities, one similar to this, where the cranial hernia extends, and the spinous processes are absent, to the sacrum.

3. Among eighty-four hundred children born in the General Hospital at Vienna in 1868, there was one shown as still-born without either skull or brain.

4. A few years ago a colored servant girl in my father's house married, and the husband shortly after was imprisoned a few months in the jail of an adjoining county for assault and battery. The bride was greatly worried, and in course of time gave birth to a boy with spina bifida or hydrorachitis; the tumor was over the lumbar vertebræ, and about the size of an orange. It exuded synovia-like fluid, and after increasing and diminishing alternately for some months, gradually decreased; but with this decrease hydrocephalus set in, the boy's sufferings increased, till, when near a year old, he died, and a healthy daughter took his place.

5. In 1876 I attended one of those mysterious tumor cases

which occur now and then among the young folks, and assisted in the delivery of a fine boy at full term. Much to the surprise of their friends, the parents announced their marriage had occurred some months before. The boy was a marked case of hypospadias, with the urethra terminating half-way between the glans and root of the penis. This case can be restored by an operation in which one of our colleagues has been unusually successful.

6 and 7. I know of two cases of congenital ichthyosis; one a man of fifty or more years, who scales periodically; the other a little boy, whose epidermis is dark as from dirt, and resembles the bark of a tree.

8. While I was a student, the fœtus of an accidental abortion came into my possession, which occurred during the third month of gestation, and shows ectropion of lower lid of right eye, absence of one hand and talipes varus of one foot.

9. In 1866 the North Carolina twins, of pure African descent, were on exhibition. I had the pleasure of seeing them, and quote their history :

"Born in Columbus County in 1852, weighed at birth seventeen pounds. Their father weighed 160; mother 140 pounds, and gave birth to seventeen children.

"One girl twin is four feet six inches high, the other a half inch shorter. They are united from the lumbar vertebræ to the sacrum, and are almost distinct beings. They think independently, and converse with different people upon diverse subjects at the same time. They play and quarrel and talk to each other like any two children.

"The heart of one is on her right side, while that of the other is on the left. One suffered from dentition, the other did not; one is delicate, the other strong. They each have an independent desire for food and drink, one anus, one vagina, and desire to urinate and to defecate simultaneously. Above the junction each has her own sensations; below that point they are common, showing a crossing of the spinal nerves, or a merging of the cords into one. When a pin is thrust into the limb of one of them, she locates the spot, while the other feels it without being able to say where. Technically they are classed under the head of pygopagus."

10. A few years ago a pair of girl twins joined by their pelvic bones were exhibited at the Philadelphia Museum. From the point of union upward they seemed perfect; below they had two legs at one side of the union and one stump on the other. They lived nine months.

In the *Transactions of the Medical Society of New York*, 1866, Dr. Geo. J. Fisher describes, under the title of *Ischiopagus Tripus*, a pair of twins born near Cadiz, Spain, in 1818, very similar to these, who lived but five days and ten hours.

11. Probably the commonest form of monstrosities are those having supernumerary fingers and toes. An Englishman of my acquaintance was the father of a child having six fingers, including the thumbs, on each hand, and six toes on each foot. She died in infancy.

12. A poor fellow saunters about the town with his back bowed down as though under a heavy load, picking up rags and other things. His countenance indicates, and rumor says, that this is the terrible result of masturbation.

13. A lady in the higher circle of society drove to the physician's office, when the nurse accidentally had her finger caught in the carriage door; four and a half months later when this lady's son was born he had a red mark on the finger corresponding with the one the nurse had injured. The mother was horrified by the accident.

14. During one of our Centennial anniversaries another lady was frightened by the imitation Indians in the procession; three months and sixteen days later her daughter was born, and exhibited a brown mark on the back of her neck, about the size of a three-cent silver piece.

15. Still another lady was on a shopping excursion in the city, when a one-armed beggar shook his stump in her face; over eight months later she gave birth to a child who had a similar stump. It lived about a year.

16. A prominent merchant of our city has one arm off below the elbow.

17. In another family a little girl is minus a hand; otherwise she is well formed.

Carpenter, in his *Principles of Comparative Physiology*, says that spontaneous amputation may take place at an early period of uterine life, and speaks of supernumerary or multiple parts like case 11 as being due to a subdivision of one germ and not a fusion of two germs.

18. A patient of mine to whom I was showing the photographs of the acrania, and relating some of these cases, replied, "We know not what an impression antenatal influences bear upon our characters," and alluded to Jesse Pomeroy's mother being compelled to help her husband butcher cattle during her pregnancy, which probably accounted for the boy's

unnatural desire to torture and mutilate his innocent play-fellows.

This man no doubt needed a little sympathy for his own misdoings, and is now suffering imprisonment for fraudulently issuing nearly a million dollars worth of railroad bonds.

19. During the winter of 1868-69, Prof. Braun, of Vienna, brought before the class a girl sixteen years old, whose mamma during the preceding nine months had enlarged to the estimated weight of eighteen and twenty pounds respectively. They were so large and heavy she was obliged to support them with a figure-of-eight bandage around her shoulders. One professor pronounced it a case of hypertrophy, another elephantiasis.

20. In Prof. Dittel's ward, a tall Syrian, suffering with elephantiasis, allowed his limb to be amputated above the knee; subsequently the flesh retracted and the bone protruded. Result unknown.

21. In another ward we saw a singular case of hypertrophy of the skin and fascia of the left arm. It hung three to six inches in width from the shoulder to the wrist, had once been amputated, grew again, and produced atrophy of the member.

In Panama the natives are often seen with elephantiasis of the feet. Cases are on record in Egypt, where tumors of this character involving the scrotum have weighed seventy, eighty, and one hundred and ten pounds.

A naval officer recently from China says: "Some of our surgeons there have discovered microscopic parasites in the blood of persons affected with elephantiasis; that in one autopsy they were found in tangled masses in the heart."

22. A boy walks about Germantown with elephantiasis of one limb, which will measure about nine inches in diameter.

23, 24. In every crowd of a thousand or more people you will see a few deformities. A few days ago I noticed a man with an undeveloped ear, and a young man with an irregular patch of rough skin upon his face resembling warts, which covered about four square inches of surface.

25. In the Spanish Department of the Centennial Exhibition was a stuffed pig, with two heads and six legs. It is said that double-yolked chickens' eggs, if they hatch at all, will bring forth chicks with some parts of them double.

26. In a side show I looked at a two-legged mare from Iowa; she was of blooded stock, had a very pretty head, body and hind legs, but the fore legs were absent from her shoulders.

She rested her fore quarters in a swing, except at certain hours, when they let her lie down.

27. St. Hilaire has a cut of twins with the tops of their skulls joined together, one face being up, the other down.

28. I have the photograph of an hermaphrodite, said to be a perfect one by several professors in the medical clinics of Philadelphia two years ago. The subject was then two or three years old, and an imbecile.

29. In the *H. M.*, December number, Dr. C. P. Seip, of Pittsburgh, describes an hermaphrodite.

30. Dr. R. C. Smedley, in the March number, relates the history of a fœtus with a head similar to an eel's, which occurred in his practice, and was caused by fright.

Medical literature gives descriptions of over four hundred monstrosities, while in the library of the College of Physicians and Surgeons of this city are many works on this subject, the oldest of these being the *Prodigiorum Chronicum* of Lycosthenis, published at Basle in 1557, and another work, entitled *Monstrorum Historia*, by Ulysses Aldrovandus, of Bologna, issued at Bonn in 1642, and the work of Geoffry St. Hilaire, previously mentioned; while in the *Proceedings of the Medical Society of New York*, 1865-68 inclusive, is a lengthy list of authors, many illustrations, a minute teratological nomenclature and many descriptions, by Dr. George J. Fisher, of Sing Sing.

In these we find cuts of hairy men and women, others without arms, and some without limbs; acephalous boys and girls, with rudimentary eyes in their breasts, and a few twins of this character. Single fœtuses of this description have been born in Philadelphia.

We find also a man with a two-storied face; two inches above his proper eyes were two more, and above the mouth another. A woman with an immense ovarian tumor, supported by a hoop hanging from the back of her neck. A man with hypertrophied ears reaching to his knees; another with pendulous lower lip, six inches long. A seven-headed man, with seven arms and goats' legs. Double-headed men and women. A man with something like the body of a child fast upon his chest. Lycosthenis speaks of a double hermaphrodite joined similarly to the Siamese Twins, both having the sexual organs of men and women; another hermaphrodite with the female organs a few inches above the male. A man is shown having a foot large enough to screen him from the rays of the sun when sitting and holding it up. He also

shows a man and woman joined like Chang and Eng, and children's bodies together having three legs and four arms.

Then follow some apocryphal illustrations. Boy and dog together, man and serpent, pigs, fishes, and serpents with human heads. Double animals, like calves and pigs, are shown to have existed several hundred years ago similar to those occasionally found during this century.

In Carpenter's *Physiology* superfœtation is described as the existence of two fetuses in the uterus at the same time, being the offspring of different parents. Instances of this kind have been known in the South, where a black woman has given birth to a black and mulatto child at the same labor, the former being the offspring of her black husband, the other that of her white paramour. There is no difficulty in accounting for these facts when it is known that the uterus and ovaria are as ready for the second conception as the first. When the ovum is ready for fecundation there are usually more in nearly the same condition.

Montgomery, in his *Signs of Pregnancy*, relates these cases of extra uterine-fœtation: A woman, eight years before, was in labor; after two days it ceased, and the child rose in the abdomen without delivery. After two years' bad health she experienced symptoms of pregnancy and bore a child, which did not survive. The former remained in her abdomen while she bore three children. Ultimately a fistulous opening occurred at the umbilicus, and the original child was removed; it was twenty-two and a half inches long, with two feet of the umbilical cord, and was well preserved.

Another woman lived to be ninety-four years old, with a full-grown fœtus in the abdominal cavity for forty-six years, during which time she bore three children.

He also mentions nine women, who at fifty years of age each bore a child, and others who became mothers at fifty-two, fifty-three and fifty-four years.

In Henry C. Chapman's *Evolution of Life*, we read: "Those who are ignorant of the early stages of plants and animals, will hardly believe that beings so different as sea-weed, oaks, mollusca, rabbits, dogs and men begin their life in the same way." Cuts are referred to which represent equally well the cell or primitive stage of any of the plants or animals just mentioned. Beginning alike in the form of a cell or egg, the invertebrata and vertebrata grow for some time in the same manner. As development advances, characteristic structures appear in the embryo, and the division, class or order to

which the future animal will belong becomes evident. Here are figures representing the embryo turtle, chicken, dog and man, illustrating the resemblance of vertebrate animals at an early stage of their existence. Not only, however, does man at such a period resemble a turtle, and is undistinguishable from a dog, but the transitory stages of his internal organization are also more or less represented as permanent structures in the lower animals. This generalization, which is one of the most important in biology, may be expressed in the higher animals, that the structures which are transitory in the higher animals are retained permanently in the lower.

“Man is not absolutely at any time a reptile, or dog, etc., but at a certain period exhibits an organization which is undistinguishable from that which later becomes a turtle, dog, etc.”

Carpenter, in his *Comparative Physiology* says: “There may be a resemblance but no correspondence between the embryo man and the completed fish. All classes of vertebrata may have points of resemblance, yet in their development they early show their characteristics.”

It may be during this particular transitional period in the human embryo that nutrition is cut off and a monstrosity is subsequently born. Anomalies of arrest of development in certain organs are rare, as they arise from imperfect physiological action, obey no law, and consequently it is seldom that two are alike.

At the discussion of the autopsy of the Siamese twins, held in Philadelphia in 1874, Dr. Abraham Jacobi, of New York, made the following remarks: “Years ago, Dalton, of Halle, spoke of such specimens, and numbers of others have alluded to the idea that two such individuals might in embryonic life become united simply by adhesion, the result of their being located together in embryo. Such a thing might be possible, but superficial, not involving the deep organs.

“We know the first epidermis is formed about the end of the fifth week of embryonic life, and that after a time it is thrown off, so that the embryo of about seven or eight weeks is more loosely covered with real epidermis than in the earlier period. The epidermis is thrown off a number of times until about the fourth month of utero-gestation, when it is finally perfected and remains intact. If it took place at these times, the connection would be similar to that which occurs between the prepuce and glans which we find adherent in the fœtus and new-born children.

"Such connections have taken place before the final epidermis is formed, and about the time one of the earlier coverings is being thrown off, at a period when the internal organs, frequently implicated in such monstrosities, are already formed.

"Very few monsters are so complete as this. We have heard of the Hungarian twins, who lived to the age of twenty-one years during the last century. Another pair of female twins that travelled in Germany, in 1872, who were of a similar nature. There are two cases on record in which a division has been successfully attempted, but were not so well developed as the Siamese twins. Dr. Böhm was the father of female twins, connected by a band three and a half inches long, extending from the ensiform process to the umbilicus. These he separated immediately after birth. One lived three and a half days, the other was living and five years old when he described the case. The other case is described by Kœnig, in 1689.

"The connection of Chang and Eng is certainly an original one and not one of growth by adhesion.

"The general opinion is now that one Graafian vesicle may have two ova, or one ovum have two nuclei, and these finally, like the two vitelli of an egg, be closed together, surrounded by the same material, forming a single complete ovum, and thus it may be that the two are included in the same ovum. I think this will explain also why the sex is always the same, why they are always both male or both female. Twenty or twenty-five per cent. of the cases are male."

The result of the autopsy upon the Siamese twins, was that they discovered the two livers were joined by parenchymatous tissue, besides which the band contained four peritoneal pouches, two extending from each twin. These disclosures showed that any attempt during life to separate them would in all probability have proven fatal.

Carpenter considers it a vulgar notion that a sudden fright of the mother, speedily forgotten, can make an impression upon the offspring.

In the cases cited we find the impressions were not "speedily forgotten," but continued for days or weeks, and when the children were born they showed marks and deformities similar to those which have made unpleasant and continued sensations upon the mother. Since writing the preceding cases, I have heard of two instances of spontaneous embryonic amputations which occurred in West Virginia. The children of one mother were out playing. One was cut upon the wrist

with a hatchet, and ran into the house with the wound bleeding. The mother was of course greatly alarmed, and when her next child was born, a few months later, the corresponding hand was wanting.

In the other instance, a one-armed assessor called on a farmer to make his assessment; the wife sympathized with his inconvenience in writing, and continued to talk about it for some weeks after; when her child was delivered this corresponding hand was also missing.

From Dr. R. C. Smedley's case we know the impression was made during the second month, and from the history of other cases we conclude that an impression sufficient to cause a resemblance of the fœtus to an eel or other animal, to make an organic change, spontaneous amputation, or retarded development like acrania, hare-lip, club-foot, and such deformities, must occur during the first eight weeks of embryonic life, unless like the product of a double-yolked egg, as in the case of the Siamese twins, there are two ova in one Graafian vesicle, or one ovum has two nuclei.

Superficial adhesions like the prepuce upon the glans, or in twins like those of Dr. Boehm, adherent by the skin only, according to the argument of Dr. Jacobi "may take place previous to the fourth month, after which time the epidermis is permanent."

The circumstances which most likely produced the blood-mark in case 13, occurred during the fifth month, while the mark in case 14, if produced by the fright spoken of, took place during the sixth month.

After the beginning of the seventh month it is probable that no physical mark can be transmitted which will continue many weeks after birth. To what an extent or at what time mental impressions may be conveyed is beyond the power of man to tell.

Why children of the same parents, brought up in the same good way, will show such striking opposite traits of character different from either parent, but probably not different from some distant relative of a previous generation, is something that remains inexplicable, although discussed under the head of atavism. Breeders are often sorely disappointed in the offspring of blooded and fast-trotting horses by their showing the marks of their lineage, but not the valuable part, *speed*.

Another deviation from the common descent of the animal and vegetable kingdom is that of hybrids. "These are nearly sterile with each other although they may propagate with

either of their parent races, in which the hybrid race will soon merge, while on the other hand if the parents be themselves varieties of the same species, as white men and Indians, the hybrid is but another variety with its powers of reproduction rather increased than diminished."—Carpenter's *Physiology*.

Notwithstanding some old authors give descriptions and cuts of inferior animals and mankind being blended together, Dr. George J. Fisher says it cannot be so, and quotes from Genesis I. "And God created great whales, and every living creature that moveth, which the waters brought forth abundantly after their kind, and every winged fowl after his kind: and God saw that it was good.

"And God blessed them, saying, Be fruitful, and multiply, and fill the waters in the seas, and let fowl multiply in the earth.

"And the evening and the morning were the fifth day.

"And God said, Let the earth bring forth the living creature after his kind, cattle, and creeping thing, and beast of the earth after his kind: and it was so."

TINNITUS AURIUM.

BY J. H. BUFFUM, M.D., OF PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

THE cases of tinnitus aurium which present themselves to the general practitioner oftentimes prove troublesome, as a want of knowledge of the causes producing this symptom prevent their removal; for the treatment of tinnitus is in the main the treatment of the cause, and the prescription of the homœopathic remedy upon the patient's description of the noises alone, without a knowledge of the cause giving rise to them, is apt to end unsatisfactorily to both physician and patient.

The peculiar nature of the tinnitus, and the noises to which it is likened, are as variable as sound itself. Between the two extremes presented by a slight noise in the ears which only becomes perceptible to the patients when everything else is quiet, and a constant tinnitus of severe intensity, a wide range of recognizable sounds is presented, within which are found endless varieties of intensity. The description of the sounds which haunt these patients depends largely upon their graphic powers, their habits, occupation, and natural surroundings, the noises being rarely of that distinct character which

would render their description easy and constant, and seldom find their similitudes in pleasant sounds, being almost always described as disagreeable.

The suffering caused by an aggravated tinnitus in some cases passes endurance, and unfortunately in these extreme cases relief is not generally obtainable, but a more complete and accurate symptomatology with a clearer pathology may yet enable us to relieve the distress occasioned by this symptom in these hitherto incurable cases.

From the fact of the extreme resonance of the cavity of the drum of the ear, we have noises arising which must be distinguished from true tinnitus, which is always accompanied by impaired hearing. A change in the calibre of the vessels of the tympanum, rendering the circulation within audible to the patient, a venous murmur from the jugular vein, which passes immediately beneath the floor of the tympanic cavity, and the pulsating sound of the internal carotid converged from the apex of the petrous bone, are examples of this class of sounds, the sounds arising from the two latter causes being dependent upon an anæmic condition of the blood, or obstruction to the flow from aneurism.

While tinnitus is one of the commonest and most distressing symptoms of affections of the ear, it is pathognomonic of none, but is always of importance in making a diagnosis; and while in many cases a proper examination renders the cause apparent, yet in others its explanation is impossible.

In general, we find that any condition of the ear which produces pressure upon the fluid in the labyrinth, either directly or through the tympanic membrane and ossicles, will give rise to this symptom, but it also appears as an isolated symptom with no discernible cause.

The pressure of a foreign body in the external meatus, cerumen, or even a hair lying in contact with the tympanic membrane, hypertrophied hairs, which interlace and become covered with wax, fungoid growths like the *aspergillus*, or even epidermoid scales (which may escape notice from their small size) upon the membrane, are all common causes residing in the external canal, which may give rise to troublesome tinnitus. The tinnitus arising from this class of causes is not, however, of that aggravated character which is presented by affections of the deeper structures of the ear.

A departure of the tympanic membrane from its normal condition appears to be a most prolific cause of tinnitus aurium, particularly if, as is generally the case, it is accom-

panied by obstruction of the Eustachian tube. When there is a larger perforation or great loss of substance from ulceration occurs, through which the secretions of the tympanum can be freely discharged, we seldom have tinnitus complained of; hence incision or perforation of the drum head is practiced in those cases where the tinnitus depends upon pressure within the tympanum.

In all injuries to the drum from direct violence, blows upon the ear or side of the head, and explosions close to the ear, there is almost always tinnitus following, which will pass away in time, unless the violence has been very great, when it is apt to be permanent.

In these cases the theory has been advanced that the noise is produced by pressure from an extravasation within the labyrinth. Politzer attempts the explanation that the violence of the concussion has changed the position of a terminal expansion of the auditory nerve, so that it no longer is in a condition of equilibrium, but is placed in a state of permanent or temporary irritation.

In acute inflammation of the tympanic membrane, myringitis, we always find great tinnitus, which disappears as resolution takes place. Changes in the structure, tension, curve or vibratility of the drum, all produce tinnitus, and sometimes of an aggravated character. Inflation by means of the Politzer or Eustachian catheter may, by improving the position of the membrane, give prompt relief of the tinnitus.

In acute purulent catarrh of the middle ear there is always tinnitus, and generally of a severe character.

In the chronic form of catarrhal inflammation of the middle ear, and especially in the proliferous form, we find tinnitus aurium the most prominent of the few symptoms presented, and it frequently attains a high degree of intensity. Chronic catarrh of the middle ear being the most common form of deafness, so is tinnitus aurium the indication or result of it. In these cases it arises frequently from changes in the position of the membrane, caused by the absorption of the air in the tympanic cavity, with closure of the Eustachian tube, or from the pressure upon the fenestra rotunda from its secretions filling the tympanum. If inflation of the tympanum does not give relief in these cases it is probably due to partial or complete ankylosis of some portion of the chain of ossicles, or dependent upon some lesion within the labyrinth. Sometimes the tensor tympani is at fault, and presents either immediate contraction, which draws the whole chain of ossicles inwards,

causing the plate of the stapes to press upon the fenestra, or the tensor palati acting upon the Eustachian tube may cause a cracking noise in the ear.

In diagnosing those cases of *nervous tinnitus*, we must exclude all causes of the external or middle ear which might give rise to sounds, the hypothesis in this class of cases being some inflammation, irritation, extravasation or disturbed circulation of the blood in the labyrinth, cochlea, semicircular canals, auditory nerve, or reflex of some intracranial lesion.

Tinnitus may exist in some persons for a time where the hearing power is not diminished, and a variety of causes might be cited as sufficient to produce it, such as periods of mental excitement, anxiety, mental fatigue, prolonged lactation, overwork and use of Quinine. Here rest and constitutional treatment will generally suffice to cause its disappearance. It is always a common symptom of extreme and total deafness in subjects of inherited syphilis, and in those cases in which deafness has slowly approached without any evidence of disease of the middle ear.

In the treatment we must make a most careful and thorough examination of the external and middle ear, ascertain the position and tension of the membrana tympani, and remove any apparent cause that may be presented. A careful study of the general and local symptoms of the patient will in many cases enable us to cure the aural disease and relieve the tinnitus.

OPIUM IN INTESTINAL ULCERATIONS—TWO CASES FROM PRACTICE.

BY C. E. TOOTHAKER, M.D., OF PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

CASE 1.—January 23d, 1863. Mrs. B., a lady of nervous bilious temperament, aged about forty-one years, tall but not corpulent, rather spare than thin, of a light brunette complexion, dark hair and eyes, came from the interior of the State of New York for the purpose of placing herself under my medical care, to be cured of the habit of taking large doses of opium, which she had taken and was continuing to take under the direction of her regular physicians, and the continuance of which seemed to be necessary to the continuance of her life, as she could not abstain from its use without great suffering. She had been using it in considerable quantities

for many years, and was alarmed at the serious effects upon her mental as well as upon her physical state, and wished, if possible, to substitute some other treatment which would render its farther use unnecessary.

The following is a statement of her case as recorded by myself at and during the time of treatment:

Pretty good health until the age of seventeen or eighteen. Menses commenced about seventeen, then only once for about six months, and continued one or two days, healthy. On the third day she had an attack of what was called bilious colic by the doctor, who bled her, gave Calomel and other medicines. After this, had frequent attacks of severe colicky pains, commencing at the epigastrium, settling down across the abdomen, and often relieved by warm applications, occurring at uncertain intervals and without reference to the menstrual periods. One attack very severe; could get no relief for many hours; pain settled down low across the abdomen; very severe on the right side, in one spot near the right iliac region. Was bled, took Calomel, and at length obtained relief; but a sore spot remained there for a long time. A few weeks after, a painful attack in the right hip came on after a long walk, and continued several years. During all of this time, frequent attacks of diarrhœa by spells lasting several days or a week or two. Some year or two after, was taken with similar pains, colicky and distressing, at the epigastrium and in the abdomen, accompanied by a severe chill. Was sick some time. Had bilious fever, was bled, took Calomel, Opium, etc. A severe diarrhœa followed, lasting for months, whilst the trouble in the right hip and in the spot on the right side continued quite severe. Doctor said the mucous membrane all through seemed diseased. Chills also during this period of debility, quite frequent. Never fully recovered from the effects of this attack. Was salivated. After this recovered somewhat, but the bowels never seemed well; very sensitive and easily deranged. After this, about two years, during all which time had been rather feeble and weakly, commenced to cough, and was thought to be in consumption. Some thought the lungs, some the liver were affected; some pronounced it dyspepsia. Was very poorly; all out of order. Cough was very hard, with chills; night sweats occasionally and frequently, which continued several months, and at length seemed to wear off by degrees. Afterwards gained strength remarkably, and without any medicine gained thirty-six pounds in three months, though

still troubled more or less with diarrhœa. Had tolerable health for about two years.

Then taken with chills, diarrhœa, and intermittent fever. After the fever, diarrhœa continued, and everything almost was tried for its cure, in vain. Seemed to her as if there was an indescribable rawness and soreness and weakness in the bowels; the lower portion seemed worst; slight causes would excite them. Doctors ordered anodynes to check the bowels. Would check them so as to make her comfortable for a few hours; then the trouble would commence again, and resort had to the anodyne, and so on for a long time. After about a year of such treatment, inflammation of the bladder supervened, with severe pain in the back and limbs, the pain in the right side being better, but extending from the back down the limbs to the extremities and to the feet. After this was most savagely treated by a pretended clairvoyant, who told her she had ulceration of the bowels, and ordered medicines in such enormous quantities that she was at once thrown upon her bed in distressing agony, and had to send for her regular physician. With the use of Morphine, Opium, and anodyne injections, by degrees the distress became more endurable. Was very sick three months, during all which time had to take Morphine constantly, both to allay the pain and alleviate the diarrhœa. In the early part of this sickness, say about a month after the clairvoyant had been discharged, had a chill and very high fever, and, on passing water afterward, found the urine mingled extensively with fœces such as had been discharged with the diarrhœa. After this, frequently small quantities of fœces would be voided with the urine; also sometimes wind would pass through the bladder, and sometimes tomato seeds; also ulcerative matter was often passed in considerable quantities. During seven or eight years this fistula continued more or less open, though at times for a little while it would seem to her to have closed up and then to have opened again, as would be manifest by such passages as above described.

During all this period continued to take constant doses of Morphine and other anodynes, and had several severe attacks attended with much passing of fœces and wind, and especially of ulcerative matter through the bladder, which last was passed in large quantities.

Called Dr. March, of Albany, who made an examination per vaginam and per rectum as far as he was able, and discovered on the inside of the hip a tumor of considerable

size, but which they thought had at that time no immediate connection with the ulceration going on in the neighborhood of the bladder. Such attacks as above mentioned would often be attended with distress at the epigastrium, dyspeptic symptoms and other ailments and weaknesses, as well as with chills and fever. During all this period if she abstained from the Morphine or Opium any considerable length of time, she would have an attack of severe pain in the spot where the ulceration seemed to be, followed by chills, pain in the back, etc., followed by increased discharges of ulcerative matter; and if the Morphine was not resorted to, the distress and pain would become unendurably severe. This has continued more or less till the last three years. Since then no feces have been passed through the bladder, nor much wind, only occasionally, and little or no ulcerative matter.

For three years past the diarrhœa has troubled her but little. There has at times been some slight discharge of ulcerative matter per anum, and she has been on the whole very much better. If she abstains even now from the Opium these pains in the spot where the ulceration took place return, and she is put in fear of another attack such as above described. Is now subject to attacks of distress in the back and between the shoulderblades, of a strange kind of drawing and pulling, and at times of pain, felt most frequently after eating, and which she regards as a kind of dyspepsia, having before been subject to sensations of a painful load, pressure or weight at the stomach after eating, and to which she is not now subject. She notices that since the attack between the shoulderblades and in the stomach-pit set in, she has felt much less pain and distress in the spot where the ulceration had taken place.

For some years past has taken little Morphine—mostly taken Opium—about three pills daily, each the size of a small pea. Were she to omit the Opium she would in a short time have an attack of those distressing pains attended with diarrhœa.

Lived about four years with her husband. Had no children, was never *enceinte*. Taken with a fresh attack of diarrhœa about two months after marriage. Sick most of the time afterwards. Menses generally during the whole period very irregular, especially when the bowels were bad. If they were pretty well and health otherwise good, might be quite regular some months; but often if she had diarrhœa would pass months without seeing any signs of them; the longest

period being three years and four to five months. When they do occur generally very profuse, continuing six or seven days—at times a week or ten days; painless at first, but considerable pain the latter part of the period, with great prostration, the back being much weaker and more painful. Have not occurred now for about six months, or since August, 1862. Discontinuing the Opium brings on pain in the back, and with it soon the menstrual flow, and all the above unpleasant symptoms follow.

Yesterday took no Opium from 7 or 8 o'clock on Wednesday, till 7 or 8 o'clock on Thursday. Then took one pill the size of a small pea. During the day three motions of the bowels, and at 3 or 4 o'clock suffering began to be quite severe; pains in the head and back, with excessive nervousness and restlessness, stretchings and pullings, which had been preceded by a sense as of giving way in the system or a sense of great prostration. This increased and became excessive. Aching pains all over; uneasiness; pain as if the head would burst; excessive pain in sacral spine and across the sacrum; in fact the same kind of pain she has always had when she has had the terrible attacks above described of passing fæces through the bladder and ulcerative matter per rectum.

During yesterday administered Lachesis and Conium, as adapted to her general symptoms, but distress increasing gave Camphor as an antidote to Opium. Oil camphor $\frac{1}{100}$ dilution, four drops to a dose, frequently repeated for three or four hours, the distress constantly increasing. During the day complained of coldness, though in a warm room, and as the day advanced and the sufferings increased, this coldness and chilliness increased even to shuddering and chattering of the teeth. After five or six hours the Camphor producing no alleviation, Nux vomica and Belladonna were given; first, several powders of Nux vomica, then several of Belladonna, at intervals of half an hour, and then repeated.

At four o'clock in the morning, the agony had become so great I was called from my bed, and prescribed Pulsatilla three doses, then Plumbum metallicum three doses, then Pulsatilla again, etc., every fifteen minutes. At this time all the symptoms above described appeared in still greater severity, and there were involuntary twitchings and jerkings. She continued these medicines one or two hours, when the sufferings not appearing to abate, she became impatient and took another Opium pill at 6 o'clock, and after a little time a quantity of a solution of Morphine. Soon she was perfectly at

ease. At 8 o'clock I found her in a quiet sleep. At 9.30 o'clock she took her breakfast and seemed comfortable in the forenoon.

Friday, 23d. No medicine from 6 to 11.30 o'clock, then two drops of Conium tincture. This appeared to afford some relief and she got some rest, but before morning the sufferings again increased, till she took Opium again, and again had a few hours of rest.

Saturday. Took no Opium for thirty-six hours, Conium seeming to control many of the severest symptoms. After this, again took another dose of Opium, as she had got so little rest and was suffering so severely from prostration and want of sleep.

During this period, Conium, Pulsatilla, Lime-water and Calcarea carbonica seemed to afford some benefit and at times to procure sleep and rest; conium particularly controlling the nervous twitchings, Lime-water the gastric sufferings.

After this, the sufferings becoming severe, with great restlessness, pain in the back, and in the spot where the ulceration had taken place, and unable longer to endure the sufferings, and fearing another attack of ulceration of the bladder, she took another dose of Opium, and after this, for several days, took a small pill every night. During this period, Conium, Plumbum, Mezereum, Hepar, Calcarea, Lime-water, etc., were administered with partial benefit. After this the Opium was entirely stopped, about Wednesday. The sufferings in the back and in the seat of ulceration at the base of the bladder were greatly relieved by Cannabis indica; the nervous symptoms and many of the gastric symptoms by Cuprum metallicum; also the gastric symptoms by Hepar, Calcarea and Lime-water.

For three or four days the suffering was intense; nervous twitchings and jerkings, sleeplessness, aching pains in the limbs and in the bones. Attacks of diarrhœa alleviated by Veratrum; more frequently by Pulsatilla, followed by Arsenicum iodatum, etc., whilst Cannabis indica seemed to control the pain in the back and in the vesica which usually preceded ulceration.

For one entire week no natural sleep; constant twitchings and jerkings on commencing to fall asleep, greatly aggravated in the night and towards morning. Alleviated but not controlled by the remedies; but at times the suffering would be almost unendurable, gradually becoming less, till the eighth day she slept naturally for a few hours.

During this period, loss of appetite, burning in the stomach, disposition to vomit; also unnatural appetite, craving for food all the time, etc., at different periods.

For two or three weeks afterwards these sufferings gradually disappeared, but would reappear from too much fatigue and exposure. It is now six weeks since she commenced the treatment, and five weeks since she has taken any Opium or Morphine. She sleeps, generally, pretty well, has but few nervous twitchings, is generally quite comfortable, although still suffering considerable dyspeptic or gastric symptoms, such as unpleasant burnings through from the epigastrium to the shoulderblades, or more from the lower part of the sternum through to the back, at times very distressing, like a coal of fire, accompanied by distressing drawing sensations; also sense of torpidity in the lower limbs, as if half paralyzed; also pain in the back at times, especially at night, and after lying, etc.; generally relieved in the open air and by a short walk or by a ride; is still gaining a little each week and finds herself able to live without Opium or Morphine.

During the treatment of the above case I have resorted to several little expedients for relief. On Tuesday, about a week after I had stopped the Morphine altogether, the sufferings having become extreme and my patient getting desperate and despairing of a cure altogether, I ordered a hot bath, which was carefully administered, the patient put to bed and made comfortable and warm. She got a few hours' sleep, the first she had had for several days. This bath seemed to be of considerable benefit. Also, at different times magnetic passes were resorted to to control the nervous twitchings and jerkings, and to procure partial sleep, which they always did successfully, though not giving absolutely perfect rest, and but for short periods.

Fourteen years have now elapsed since this case came under my treatment. She is residing in Eastern New Jersey, and at about fifty-five years of age is still pursuing an active life, without any habitual use of Opium, Morphine, or other drugs, and having had no return of her original complaint. Whatever view may be taken of this case by others I have always regarded it as important in illustrating the effects of Opium in its relation to intestinal ulcerations.

From whatever cause ulceration had taken place, it is manifest it must have existed, as it is the only means by which it could be supposed that a passage could be created from the intestines through the vesica, and fæces be voided through

the urinary apparatus. That when feces were thus voided ulceration was more or less active is manifest from the fact that pus always attended or followed these discharges, and it should be also noted that the quantity of the discharges was increased or diminished in proportion to the acuteness and severity of the symptoms and sufferings of the patient. It is also manifest, that although the severity of the symptoms attending these discharges of pus and feces from the intestinal tube were greatly alleviated by such remedies as Pulsatilla, Conium, Lycopodium, Veratrum, Arsenicum, Cuprum and Plumbum, yet no remedy that was given produced such pronounced and unmistakable alleviation as Opium.

From the whole history of this case, I infer also that had Opium been administered from the first in such attenuated doses as to be truly homœopathic to the existing state of the patient, it would have controlled the abnormal conditions without inciting those alarming idiopathic mental and physical sufferings which caused this lady to apply to me for medical relief.

Finally, as we know that medicines administered a long time in large doses will at length produce symptoms and conditions similar to the symptoms and conditions of the diseases they are adapted to cure, and as it is known that in cases of such suffering as this lady experienced at the time of the establishment of the menstrual function and subsequently, Opium is the remedy most usually relied on by physicians of the school which had the care of her case, and who usually administer it in heroic doses, is it not reasonable to suppose that the conditions of the system favorable to the production of intestinal ulcerations might have been superinduced by the too long-continued administration of Opium?

And, again, assuming that the long-continued administration of Opium in heroic doses had either caused or complicated the sufferings in this case as here recorded, would it not have been a wiser and better treatment to have administered Opium in high or low dilutions, as should have been found necessary to control the sufferings, rather than to have administered other remedies either as antidotes to Opium or for other purposes, and to have administered such additional remedies afterwards as the case might seem to require?

CASE 2.—Harry S. S.— came under my notice Tuesday August 14th, having been wounded by a rifle-ball on Sunday, the 22d of July, at Pittsburgh. Saw him soon after his

arrival from that city, he having travelled some three hundred and fifty miles by rail—a journey which he endured very well, considering the nature of the wound and the condition of the wounded parts. The ball entered near the crest of the ilium, shivering a small piece of the crest about four and a half inches from the centre of the spine, and passing directly through the abdomen, cutting, at the same time, the ascending colon, and coming out about three and a half inches from the umbilicus on the right side. The wound had a very healthy appearance, the discharge mostly healthy pus, but constantly mixed with more or less fæces from the sore at the ilium where the ball entered the body, and with pus only at the opening near the umbilicus, which was in a still more healthy condition. There was soreness on movement, as in stretching the limb or bearing weight on that leg, but little pain, and when quietly at rest none at all.

August 24th, ten days since his arrival here. There has been to this time still some discharge of fæces from the colon, but otherwise the discharge has been mostly healthy pus, though at first more mixed with slightly acrid or unhealthy discharge; otherwise the sufferings have been very little and the improvement constant. Aconite, a few doses of *Nux v.* and *Arnica* have been the only remedies administered.

The following detail of the symptoms and after treatment of this case was recorded for me by Mr. Joseph Hancock, an undergraduate of the Hahnemann Medical College of Philadelphia:

Harry S. Shaw, twenty years old, enlisted in Company I., Sixth Regiment, Pennsylvania National Guards, when in his nineteenth year.

On Saturday, July 21st, 1877, he, with his company, were ordered to Pittsburgh, Pennsylvania, to aid in quelling the riots in that city. They left Philadelphia about two o'clock on Saturday morning and arrived in Pittsburgh near 2 o'clock P.M.

When on Butler Street, nearly opposite to St. Augustine's Church, between 38th and 39th Streets, Harry received a wound from a rifle-ball, which disabled him for further duty. He therefore left the ranks and sought shelter in the church, whose congregation was then at mass, and was cared for by some ladies and Dr. Ivins, who dressed his wound and applied adhesive plasters. During this time a vehicle had been sent for from St. Francis Hospital to convey him to that institution. While he was being put into the carriage he was

assailed by the mob, who tore his cartridge-box from his person and one of his epaulets from his shoulder, and seemed determined to take his life. But the kindly interference of the priest (Mr. Maurice) succeeded in protecting him from so untimely an end. He was then taken to the hospital, and lay in an unconscious and prostrated condition for several days, except at intervals, when he seemed quite rational. He was attended, while here, by Dr. J. M. Stevenson, whose opinion was that he might recover. The judgment of a number of other physicians who examined him was, that no hope could be entertained of recovery from so formidable a wound. In this city he was at first reported as mortally wounded; afterwards *as dead*. Upon examination of the wound it was found that the ball had entered upon the right side, at a point about four inches from the spinal column, striking the crest of the ilium, breaking off a portion of that bone, the pieces being extracted after reaching the hospital. In its passage the ball penetrated the ascending colon and passed out through the muscles of the abdomen, three and a half inches from the umbilicus.

In the Hospital his diet was restricted to beef tea—beef boiled for two and a half hours and the tea strained several times to avoid any trace of fat being left in it, and sweet milk in its natural state. These were taken quite often, and in small quantities. His abdomen became somewhat swollen—more upon the left side. He vomited excessively bilious watery substances. Had general symptoms of collapse; pulse quick and small; respiration superficial; a fixed pain in the lower part of the descending colon near the rectum, with tenderness in that region, and symptoms approaching a true ileus or miserere. The symptoms were very persistent, with excessive borborygmus, and for at least twenty-four hours seemed to threaten a fatal termination. There was some tympanitis, but not excessive.

The wound discharged the *fæces* in great quantity for several days, and the one on the crest of the ilium still emits small quantities, but has every indication of being nearly closed internally. Healthy pus has been discharged from both ends of the wound at all times up to about September 1st. The piece of bone from the ilium was extracted with forceps by Dr. Stevenson on the ninth day in the hospital, it being about three-quarters of an inch in length by a half inch in width. It had caused him some pain in the right groin before it was removed. Otherwise, the wound itself

has never caused him any pain, but has had an itching sensation, and has been healing slowly and nicely. His diet was the same as at first until the 6th of August, at which time he was allowed tea, eggs, bread and different jellies in small quantities.

On the 13th of August he left the hospital in Pittsburgh in company with his mother, who had been attending him and nursing him while in the hospital. He was transferred very carefully by rail upon a spring mattress, to his home in this city, and placed under the care of Dr. C. E. Toothaker, and continued to make a satisfactory and rapid recovery. He had no relapse or drawback until Monday, August 27th, when, without the physician's consent, he unwisely and injudiciously partook of pound-cake and quite a large quantity of mint candy, which he followed by a bowl of meat-soup containing barley, cabbage, onions and other vegetables. For this absurdity he came near losing his life.

On Monday at ten o'clock I went with Dr. Toothaker to see him. He was in a state of great nervous excitement; skin hot and dry; pulse 130; spasmodic colicky pains in the bowels, accompanied with much flatulence and borborygmus; frequent vomiting and straining to vomit, with great prostration. *R. Nux V.*

At four o'clock saw him again; pulse 124, still very restless and nervous, with no abatement of the pains in the bowels. The wound on the side at the ilium discharged much air, mucus, and feces. *R. Acon., Lob. inf.*

At eight o'clock, evening, not any improvement, pulse still rapid. The pains in the bowels seem to be at rather longer intervals, but very sharp. Does not want much drink, but wants to be fanned all the time. Has eaten nothing since he ate the soup; vomits frequently watery bilious substances, with much straining and distress. *R. Puls. and Lycop.*

Tuesday morning, August 28th. He seems somewhat better, but still has those pains in the bowels at longer intervals, of a pinching character, better when sitting up or bending forward. Still wants to be fanned all the time; pulse 113 per minute; breathes easy and perspires some; had a short nap this morning; is not so nervous as last evening; Coloc.

Tuesday afternoon, three o'clock, seems to be worse again; pains cause him to be restless; vomiting of bilious substances, with straining and severe pain; does not want to talk to any one, seems discouraged; pulse 104; pains most severe in left side, little or no pain in the neighborhood of the wound

itself, but dysenteric, colicky pains in the descending colon and rectum. *R.* Coloc. and Puls. He has eaten nothing except a small piece of toast bread steeped in water, which he vomited in about three hours after eating. The wound keeps discharging wind and pus, mixed with feces of a yellowish color. Bowels moved this morning. Tuesday evening, no better. Symptoms about the same as this afternoon; seems almost a hopeless case. The doctor and I have visited him separately three times each since 10 o'clock A.M. At 8 o'clock P.M., as there was no manifest improvement, changed his medicine to Opium, to be taken in water every fifteen minutes for one hour, when we were to see him again. We called to see him in about an hour and found him better. Continued the Opium at longer intervals.

Wednesday morning, August 29th. He is still better; slept three hours; says he feels much better; the pains have almost ceased; seems cheerful; pulse 96 and full; some borborygmus, but not distressing. *R.* Opium and Lycop.

Wednesday, 2 P.M. Has slept five hours; looks much better and brighter, no pains to complain of. Continue the medicine.

Wednesday, 3 P.M. Has eaten some rennet-whey with relish, and could have eaten more. He is improving.

Thursday, August 30th. Still improving. Sleeps well, and feels refreshed afterward. No pains. Appetite improving. Continue the remedies at longer intervals.

Saturday, September 1st. Feels right well; has good appetite. Takes corn starch and farinaceous food generally. Has no pains to complain of. Upon examining the wound, I find that the wound on the abdomen has healed over, and that on the side has not discharged any feces since yesterday (Friday), but keeps discharging healthy pus. Opium²⁰⁰.

September 11th. Removed a piece of bone that had worked its way to the orifice of the wound. It measured nearly an inch in length and one-quarter of an inch in thickness and width. It was surrounded by quite a large quantity of frothy pus, and had been discharging a bloody and frothy pus all day. Upon removing the bone, the wound bled some, but not excessively. Otherwise he is very well, with good appetite and refreshing sleep. Lycop.²⁰⁰.

I think no physician would fail to remark the similarity of the sufferings in these two cases, a similarity corresponding in many important particulars to the symptoms of true ileus, colica miserere. This similarity, more than any other cir-

cumstance, drew my attention to Opium as the remedy in the case of Mr. Shaw. The wound in the colon had produced a partial paralysis, or inability to perform its functions, of that organ, so that when it came to be overtaxed by improper, unwholesome and excessive diet, as before described, an excessive action was induced in the organ itself; hyperæmia, the first stages of congestive inflammation or colitis, followed, attended with symptoms indicating the rapid approach of bilious colic or complete obstruction of the intestinal tube. I have had many cases of this complaint which I have generally treated successfully with *Nux v.*, assisted, perhaps, with *Bell*; sometimes with *Pulsatilla* or *Lobelia inflata* and other remedies.

I have never lost but one case that I remember, and in that case the family, when the case became alarming, called in another physician twenty years my junior in practice, who insisted on administering alcoholic stimulants, to which I gave a reluctant assent. The patient died. I have always since regretted that I did not think to urge the administration of Opium.

It is unnecessary in this presence to point out how unmistakably the symptomatology of Opium confirms the idea of its adaptation to ulcerations as well as to abdominal obstructions, and I have presented these two cases for your consideration, as much to contribute my mite to confirm these provings, with which you are all well acquainted, as to invite your attention to the uses of a remedy which many of us may too often have neglected or forgotten.

Harry Shaw has taken very little medicine for two weeks past. He has been constantly improving, gaining strength and health, has nothing to complain of, walks and rides short distances as he pleases, and bids fair to make a complete recovery.

He is here present, and permits me to say that he is willing to show his wound to any physician who may wish to see it.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY C. MOHR, M.D., SECRETARY.

THE regular monthly meeting of the Society was held on the evening of June 13th, 1878, at the Hahnemann Medical College, the President, Dr. John K. Lee, in the chair. The minutes of the last meeting were read and approved.

The committee to report on sale of nostrums by our homœopathic pharmacists then made the following statement:

"The committee appointed at the May meeting of the Homœopathic Medical Society of Philadelphia, to report what measures could be taken to prevent the sale of nostrums at the homœopathic pharmacies in Philadelphia, herewith state, that after very diligent inquiry, no remedy, legal or otherwise, has been found to accomplish this desirable result.

"The committee received through the Secretary of this society a communication from Messrs. Boericke & Tafel. The sale of nostrums cannot be justified by precedents. Whatever is in opposition to homœopathic principles cannot by any sophistry be made legitimate by the dictum of any pharmacy.

(Signed)

"AD. LIPPE,
H. N. GUERNSEY."

The report on motion was accepted, and the Secretary requested to read the correspondence between Messrs. Boericke & Tafel and himself.

The Secretary thereupon stated that he had communicated by letter the action of the Society at the May meeting to Boericke & Tafel, who responded under date of May 31st as follows:

CHARLES MOHR, M.D.,

Secretary of the Philadelphia Homœopathic Medical Society.

DEAR SIR: We are in possession of your communication dated May 17th, embodying the resolutions passed by the Philadelphia County Society.

They contain serious charges, and we are surprised at the action taken by the Society without affording us a chance first of being heard.

Your committee having this matter in hand in all fairness should have considered it its duty to call on us personally and ask for information and explanation, and then with this explanation or, if it had been refused, without it, come before your honorable body. As it is, it appears that the mover or movers for some personal cause tried to make out a *primâ facie* case against us

But for the explanation:

Some time ago a Mr. Toppan came to our store in New York, and represented that homœopathic physicians of high standing (he gave their names) in Boston had made use of his petroleum remedies with success, and that he would call on the homœopathic physicians of New York, so that we would most likely receive calls for these remedies. He gave us freely the component parts of his remedies, and he distinctly said that he would offer a like explanation to the profession. He also said that he would see the physicians in other cities, and asked permission to direct the boxes containing his samples to our care in those cities where we have branch stores.

This permission was unsuspectingly given, when much to our surprise and annoyance we found that the sample boxes bore the label "From Boericke & Tafel's Homœopathic Pharmacy," and we were subsequently informed that he, in calling on some of the physicians, represented that he did so at our request, which is contrary to the fact. We in no way requested him to call nor could we in any way prevent it. Consequently we have had some little call for his remedies by physicians, and their demand we supplied. We have not issued a circular nor exposed it on our counters; thus there can be no blame attached to us for pushing it.

We freely acknowledge that we might have been more careful by refusing him permission to send his boxes to our care, and a further censure may be applied for not informing our friends after we found that our firm name had been misused, but as to the latter we confess we did not like to give this matter more importance than there really belongs to it. We have cleared out what there was on hand, shall not sell any, and therefore the matter ends here completely. From this statement you will see that had your committee given us a chance they would have obtained the same information, and a request from that committee would have had the same consideration.

As to the sale of legitimate homœopathic pharmaceutical preparations which your committee style specifics and nostrums, on account of their label bearing short memoranda of the uses of the remedy, we submit the following:

Homœopathic remedies put up in the above style have been in use in England for many years; with few exceptions the larger homœopathic pharmacists all put them up, and compete openly with each other in the market (we inclose some advertisements which we have cut from an English pharmaceutical periodical), so that all over England almost every respectable druggist keeps a small assortment.

This has existed in England for ten or fifteen years or more, and we never heard nor read of any objection being made to this practice on the part of the profession, or that the profession saw it in the light in which it is represented by your committee as affecting the standing of the school of homœopathy.

About three years ago a large homœopathic concern in London established an agency in New York, and began to sell these same counter case goods in the States as a perfectly open field.

We, therefore, took up this British way ourselves, protected the medicines better from outside influences, and with this precedent in England before us, we embarked on the way which our older British brethren had shown us. We are at a loss to see the difference. In England it is the rule, and here by a mighty stretch the very same thing has been twisted into a crime against homœopathy.

There is another question involved also, and that is, the drug trade in this country will run in the same groove as in England, and will keep homœopathic remedies in order to supply the demand of the public. Shall this trade be supplied by responsible homœopathic houses, or shall it be thrown into the hands of the allopathic druggists? There is but one answer to this, viz., that the homœopathic pharmacists are the ones to supply this demand, and nothing would injure the standing of the school more than to leave the preparation of domestic medicines to inexperienced hands, or those who in principle disbelieve their efficacy.

However, as the only really objectionable part seems to be the memorandum of the uses of the remedy on the label, and as this is altogether non-essential to its sale, for on that account very few sales are made, we have ordered different labels, from which that clause is left off; they are in the printer's hands now.

All that we have said in this communication your committee might

have learned direct from us, and if it had done this simple duty of calling, there would have been no need for these resolutions.

Your Society has been brought either by over-zeal or by personal enmity into the disagreeable situation of condemning a man without giving him a hearing, and in simple justice, after this communication of ours, the Society ought to reconsider their resolutions.

We would respectfully ask you to communicate this letter to the committee, Drs. Lippe, Guernsey and Norton, and further ask the personal favor of you of an answer to this letter, stating whether you think that all the points which were taken in that meeting are answered in this letter, and if there are any others, to state them, so that we may be enabled to refute them or to take any desirable changes into consideration.

We remain, very truly yours,

BOERICKE & TAFEL.

In reply to the above the Secretary wrote, under date of June 1st, as follows:

"Your favor of May 31st is to hand. In reply I would say that the explanation therein offered is measurably satisfactory, and as requested I shall submit the communication to the committee, consisting of Drs. Lippe, Guernsey and Norton, as soon as a meeting can be had.

"The next County Society meeting will take place June 13th, and I would suggest that you send samples of the new labels you purpose issuing, and some explanation regarding the sale of the so-called 'Croup Syrup' and 'Cholera Medicines.'"

In reply to this letter, the Secretary received the following:

PHILADELPHIA, JUNE 12TH, 1878.

CHARLES MOHR, M.D.,

Secretary of the Philadelphia Homœopathic Medical Society.

DEAR DOCTOR: We acknowledge the receipt of your favor of the first instant, and inclose the new labels, which, if deemed necessary, you may hand in, in connection with our former letter. We think that this is all that is necessary for us to do.

However, as you mention at the close of your letter two articles which were also mentioned as nostrums or specifics in the meeting, viz., "Croup Syrup" and "Cholera Medicines," we feel called upon to say that an article under the name of "Croup Syrup" was put up by the former proprietors of our business, but after we succeeded them, the name was changed to its proper one, "Tartar Emetic Syrup," stating on the label the proportion of Tartar emetic it contains, to which no objection has heretofore been made, nor can we see what objection could be made.

As to the so-called "Cholera Medicines," we do not exactly know to what you have reference.

We have put up in cholera times little boxes containing remedies, accompanied by pamphlets with directions. One of the pamphlets was written by Dr. A. Lippe, and one by Dr. Bushrod W. James. These two gentlemen no doubt can answer any question pertaining thereto.

We remain, very respectfully,

BOERICKE & TAFEL.

Dr. Lippe said: The letters speak for themselves, and the excuse is very lame. Boericke & Tafel had no right to allow

anybody to abuse their trade-mark. He called attention to the Hamamelis pamphlet published by Boericke & Tafel, by which the public are informed that Witch hazel is a specific for all ills ; it led people astray, and made them "Hamamelis crazy."

No further action being taken, the next business in order was the report of the committee appointed to draft suitable preamble and resolutions on the death of Dr. John G. Houard, and they submitted the following, which were duly accepted, and on motion unanimously adopted :

WHEREAS, Our Heavenly Father, who doeth all things well, has deemed it best to remove from among us by death, our esteemed fellow-member, Dr. J. G. HOUARD, and

WHEREAS, We sincerely mourn the loss of so valuable a colleague and friend, and are desirous of giving expression to the same, therefore

Resolved, By the members of the Homœopathic Medical Society of Philadelphia, at their meeting held June 13th, 1878, that they deeply feel the loss which the homœopathic profession and the community at large have sustained in the death of Dr. J. G. Houard.

Resolved, That we tender our heartfelt sympathy to her who has lost her life-chosen companion, to his bereaved family, and to his large circle of patients and friends.

Resolved, That a special copy of this Preamble and Resolutions, duly attested by the President and Secretary of the Society, and by the committee appointed to draft them, be sent to his bereaved family.

Resolved, That the foregoing be entered on the minutes of the Society, and that a copy be sent to the Hahnemannian Monthly for publication.

Mary Branson, M.D., a graduate of the Woman's Medical College, March 13th, 1878, was then proposed for membership by Harriet J. Sartain, M.D., and under a suspension of the rules, was duly elected.

On motion Drs. H. N. Guernsey, A. Korndoerfer, Thomas Moore, R. J. McClatchey, and B. W. James, were appointed delegates from this Society to the American Institute of Homeopathy, whose thirty-first session is to be held at Put-in-Bay Island, Lake Erie, Ohio, commencing June 18th, 1878.

Dr. A. C. Rembaugh then read the appointed paper for the evening, entitled :

A PHYSICIAN'S VIEW OF OUR PRESENT POPULAR EDUCATION, FROM A MORAL, INTELLECTUAL, PHYSICAL AND INDUSTRIAL STANDPOINT.

The subject chosen for discussion may, it is true, be considered extra-medical, yet it must be allowed that a doctor's field of observation and discussion ought to be practically un-

limited. Anything, indeed, which concerns the prosperity of his age, is one he is called upon to investigate.

Morals.—We count our churches by the thousands, and the value of their real estate by millions, with almost no use made of this immense outlay except one day in seven, to say nothing of the vast sums consumed in running expenses. Creeds and confessions we have, homes and asylums for all manner of objects, hospitals, dispensaries, houses of refuge, reformatories, prisons and penitentiaries, secret orders whose aims are benevolent, yet with all this pomp and circumstance of moral advancement, we feel there is a want of something—I fancy the spirit of Christ. The moral development of the community is hindered by deficient and evil schooling, of parts of the man's nature only, so that this blessed fruit, the Christ spirit, cannot grow on the tree planted; therefore, from morals let us now advance to the intellect.

Intellect.—We certainly have no dearth of schools and colleges, which aim at all conceivable objects, and all fall short of their full results, because they encourage only a *partial* education, one that is one-sided, rather than symmetrical, of the intellect merely, and not of the complete man.

Our insane asylums are populated principally by the overworked, mentally and physically, while the middle ranks escape. We learn the following facts from the report for 1877 of the Pennsylvania Hospital for the Insane. Of 4121 male admissions, 582 had no occupation, 508 were farmers, 586 merchants, 444 clerks, 548 professionals, 1039 mechanics, and 400 laborers; or, stated thus, 2160 were purely mental laborers, 1153 open-air workers, 794 indoor mechanics, and 245 outdoor mechanics. The evils to which we refer afflict especially the social extremes. The saddest cases brought to my knowledge have been those who are suffering from reduced circumstances, and who have been thus taught only in one direction merely, in the head and not the hands. Such are most miserable, utterly helpless and unable to do anything to alleviate their heart-sickening condition, while even those who would assist them are paralyzed by this utter feebleness.

The whole country is swarming with tramps, many of them of considerable culture, but with no trades; unfitted from youth for the emergency of the times. Our prisons and reformatories swarm with those having ventured on other than legitimate means of support, those, it may be, who have squandered the little savings of the industrious, the widows and orphans. Manual work of any kind is no longer honorable or repu-

table. It is even a disgrace to carry a package along the streets, to clean a front pavement or door-step, or do anything exposed to the view of a foolish criticizing neighbor.

Physical.—What now of physical education? It is all but totally neglected. Our daughters are taught to do no kind of work whereby their hands may be soiled, consequently they grow up to be delicate knownothings, incapable of superintending a household, at the mercy of ignorant and extravagant servants. The home becomes a sinking fund for the distracted husband, unattractive for him and the children, who are driven elsewhere from what ought to contain the pure atmosphere of the fireside, into haunts of vice.

The scramble for the conventionally reputable positions has become so eager that the end seems to justify the means, while to hold them the public is unmercifully robbed by refined sharpers. Work that will soil hands, or melt down starched collars, is spurned as disgraceful. The market is glutted with graduates of our schools and colleges who are willing to spend their lives in cutting open letters in the dead-letter office, or in our wholesale houses, at the (for their actual value) excessive remuneration of two or three dollars a week.

Franklin, Webster, Clay, Lincoln, Wilson, Greeley, were not afraid of manual work. They did with their *might* what their hands, as well as head and heart, found to do, and these are the men who succeed in life. Neither were the old philosophers ashamed of work. They sought to maintain a strong and healthy body along with an intelligent mind, and their bodily exercise had a meaning and an object, and was not mere play.

Nature is ever restless, and nothing can be found in a state of repose; either generation or degeneration is constantly going on in everything. The flow from country to town of the most useful and energetic of the mercantile classes is constant and encouraged. Why is this? Because our city population, through the education furnished them, are becoming so effeminate and worthless for anything but books; all inclination for muscular exercise has been lost, and our youth of both sexes are debilitated and consumptive, and like a tree all turned to foliage, with no sap left for fruit. Those always found at the head of their classes have studied themselves into their graves, or they have become so diseased that they are no longer of any capacity, and are never heard of more.

The eyesight of a large percentage of our youth is ruined, and must seek the aid of the optician for study, or the look-

ing upon the face of a friend or of nature. The prolonged concentration of the eye upon the printed page, with the light reflected directly upon the eye instead of the object, works the harm.

"Germany is troubled because of the nearsightedness of its children. In Magdeburg, in the Dom-Gymnasium Cathedral School, Dr. Nieman has just examined the eyes of 650 pupils, and found in the sixth class 23, in the fifth 25, in the fourth 39, in the third 63, in the second 58, and in the first 95 per cent. of children who were myopic. In the Kloster-Padagogium, of 776 eyes, 23 per cent. were shortsighted in the sixth class, 27 in the third, 56 in the second, and 70 in the first."

"Examinations under the direction of medical societies of the eyes of several thousand of school children in the cities of Buffalo, Brooklyn, New York, and Cincinnati, have shown a similar degree of diseased eyes, and Dr. Agnew, of New York, suggests that the injured eyes are evidence of other injuries to the health of pupils."

The pantographic system of charts, as originated and used very successfully by Prof. J. W. Burns, is far superior to books in a great saving of both eye and brain-work, and consequently health. These charts are so adapted as to cover the whole curriculum of studies. All names are in large enough letters to be seen distinctly over the whole schoolroom, with etymological derivations and picture illustrations.

As over sixty per cent. of our children never enter the grammar schools, it is believed these charts will open a hitherto sealed book to them, and they will learn nature more intimately. They will

"Find tongues in trees, books in the running brooks,
Sermons in stones, and good in everything."

The girls are no longer able, from want of household exercise, to perform the functions of wives and mothers with that freedom from suffering noticed among the uneducated, thus leading a miserable existence, and entailing the same on others. The nervous and other diseases peculiar to the modern female is a very lucrative field for the specialist, as well as those of the eye. If the same amount of thought, care and energy which is spent upon dress and fashion was turned into some healthful channel, no one can tell the vast amount of good that might be accomplished.

For these reasons I argue that the unpractical instruction given at Girard College, Lincoln Institution, Northern Home

for Friendless Children, our Soldiers' Orphan Homes, is harmful. Our public schools are working a positive injury in incapacitating their pupils for work, and debilitating their bodies and minds.

Industrial.—As a panacea for all the ills referred to, I would suggest and warmly advocate an *industrial education*. I would make it compulsory for all classes and conditions, as I am confident that without it we are deteriorating morally, physically, intellectually and industrially. It is only by the influence of the foreign element that we are enabled to maintain our present industrial position. Nearly *all* if not *ALL* of our finest mechanical work is done by imported artisans.

Monarchical countries are paying more and more attention to technical and industrial education, and very early youth is found to be the best time to begin, for not only must the hand be taught to be dexterous, but the mind and taste must also receive their direction. All know how exceedingly difficult it is for any one to acquire satisfactory use of the pen after fifteen years of age; neither taste nor mechanical skill can be commanded. This same condition is observed in regard to mechanics, in the taste, ability, and power to perform. The moulding of clay into fancied shapes, perforating and needle-work on the cardboard, cutting of paper into various forms and pasting them in various designs, printing, drawing, carving, sawing, lithographing, etc., are excellent exercises in the development of manual skill, making industriousness the rule and idleness the exception; for "as the twig is bent the tree inclines."

It has been said of the kindergarten as of homœopathy, that it is only good for very young children, but it can, like homœopathy, be made the very best thing for children of a larger growth. The world is a vast kindergarten *full* of objects for object teaching and industrial training, but our present popular education has failed to grasp the real idea of instruction. So much that we pass by with closed eye, might be made a wide and beautiful field for mental and bodily culture, utilized for an industrial and economical purpose, not alone for childhood, but for youth and maturity as well. Light seems now, however, to be coming out of the darkness, and the day for industrial education to be dawning upon us as a solution to the problems hinted at above, and which have long been and are now puzzling the best minds.

Some knowledge of science would make of the mechanic a much more intelligent workman, even in the single direction

of hygiene, while an industrial course would be an excellent thing for those purely professional, making them more practical and less theoretical; and an increased sympathy would arise between the divisions of society, instead of the present jealousies and misunderstandings.

It has even been found that the children who spend a portion of each day in the monotonous factory work and the schoolroom, suffer from neither kind of labor. They average mentally with others, while all their bodily functions are maintained thereby in a superior condition.

"Dr. D. F. Lincoln, one of the indefatigable workers in the cause of school-reform, proposes a lesson to parents, school authorities and teachers as to the amount of school-work found to be suited for children of different ages. He argues, on good authority, that the growing adult of average power, at the age of twenty, may devote eight or nine hours to close mental work; the youth in high schools, five or six; the younger child from two and a half to four and a half, and no greater amount can be exacted of the average without doing harm. The return from a number of high schools show that on an average the usual total requirement is thirty-five hours a week, but there are frequent instances of from forty-one to forty-five, and one case was mentioned where pupils worked sixty hours a week, so that the strain must have been excessively injurious."

"In Germany the authorities have striven to reduce the amount of school-work, and the girls from ten to sixteen are limited to a maximum of thirty hours of school-attendance per week, while the younger ones, down to the age of six, are to be limited to twenty-two or twenty-four. In this country the practice is to keep children of all ages, from six up to sixteen, both in primary and grammar schools, the same number of hours a week, but high authority prescribes for children under eight a maximum of three hours a day, and Mr. Edward Chadwick recommends a limit of three hours a day for children from five to seven, three and a half for those from seven to ten, four for those from ten to twelve, and four and a half hours a day for those from twelve to sixteen, or even eighteen years old. While reduction of school-hours is likely to be unpopular with parents, it is clear that mental labor in excess of a limit of three or four hours a day for children under twelve, is an injury rather than a benefit."

"In England the reform in school-work as preventive of the physical injury done by over-sedentary work, is claimed

to have reduced the death rate at least one-fourth, and to secure such a result their method of teaching is well worth studying.”

To this reformed education then may the thoughts of our people be turned as a necessity, to be united with every plan of development, and may these few hints thrown out soon take root for a firm and lasting growth throughout the length and breadth of our land.

DISCUSSION.

DR. W. L. DODGE spoke of the late William Cullen Bryant, who united physical with mental culture, and who lived the long and useful life he had on that account, and his “length of days” also exemplified the beneficence of homœopathic treatment.

DR. A. KORNDORFER said the trouble was not so much the number of hours devoted to study, but the faulty position the children were compelled to assume owing to poorly constructed schoolrooms and furniture. A savant of this city, aged eighty-five years, knows almost nothing of physical exercise; he is in his library from seven A.M. until evening, and enjoys excellent health; he never knew what pain was until two years ago. Our system of education is good. He believed in object teaching.

DR. A. C. REMBAUGH thought the hours of study were too many. Grammar-school girls almost all complain of headache.

DR. J. K. LEE indorses essayist. Has been a school director for twenty years. The system needs changing. Our young ladies especially are ruined in health by being overtaxed. The fault lies in the Board of Education, who require too many hours of study. The subject is one for public action. Light is bad, causing myopia in many cases. Gymnastics should be more generally introduced, and our girls should have physical as well as mental training, so that they may have “sound minds in sound bodies.”

DR. C. E. TOOTHAKER indorsed what Dr. Lee had said. He thought much of evil might be remedied at home. Parents should see that children have proper employment and exercise. Physical effort is truly necessary to mental development. Half our people are only half made. If physically good they should bear twice their present mental effort. He don't approve of much book for a little child.

DR. B. W. JAMES thought children are forced too early. They should not be sent to school until they are nine years old; then the body can stand the brain labor. The increase of myopic eyes is due more to faulty position than to the manner in which the light strikes the eye.

DR. H. N. GUERNSEY thought the first or greatest evil is bad ventilation. Under the foul air found in our school-rooms children break down very easily. Good fresh air is most necessary.

DR. J. K. LEE stated that those in authority were taking steps to improve the lighting, heating and ventilating of our schoolhouses, and referred to the new Normal School, which was constructed on sound principles.

DR. J. C. MORGAN spoke at some length on ventilation, calling attention to several systems, and among others to his own, recently patented. He referred also to the various eye troubles resulting from faulty position during study hours, and urged every physician to so educate himself that he may cope with these diseases of the eye successfully. Cases of hypermetropia are mistaken many times for myopia, because the child reads as if myopic. Attention must of course be paid to the general health, the remedies indicated prescribed, but it must never be forgotten that suitable glasses are a *sine qua non*.

At 10.15 P.M. the Society was declared adjourned.

WEATHER PROVINGS AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, M.D.

MARCH, 1878.

Barometer.—Monthly mean, 29.98; highest reading, 30.53; lowest, 29.17; monthly range, 1.38 inches.

Temperature.—Monthly mean, 46 degrees; highest reading, on 7th inst., 69 degrees; lowest, on the 25th inst., 16 degrees; monthly range, 53 degrees; greatest daily range, on 24th inst., 26 degrees; least daily range, on 12th inst., 4 degrees. Warmest day was the 28th, and coldest was the 25th inst.

The temperature reached the freezing-point on only five days.

The mean temperature, with one exception, is six degrees higher than any in the past eight years.

Moisture.—Mean relative humidity, 66 per cent.; number of days on which rain fell, 12; cloudy and not rainy, 5; fair, 11; clear, 3. No snow has fallen during the month of a measurable quantity; the same fact applying to February. It is significant of the mildness of the past winter.

Wind.—Prevailing wind from the southwest. Highest hourly velocity during the month was 40 miles, on 24th ultimo, which exerted a pressure of eight pounds to the square foot of exposed surfaces.

Other Phenomena.—White frost on 6th inst.; lightning on the 7th, 12th, 13th, and 14th inst.; lunar halo on the 15th inst.; light snow-squall on 24th inst. The protracted warm temperature in the early part of the month caused the buds of the peach trees in the vicinity to reach quite an advanced stage of bloom, which being followed by the very low temperature of 16 degrees on the 25th, destroyed many of the embryo peaches, but not all.

Reports of the condition of the cereal crops are very flattering, the plants being healthy and well advanced.

DISEASE TENDENCY.

With the exception of one or two days, March has, in this locality, proven itself more like a genial May month, consequently no severe forms of disease have prevailed. Scarlet fever was of a very mild type; there was very little malignant diphtheria; no great amount of pneumonia was observed, and consumptive cases suffered less than during any March for years. The most prevalent diseases were rheumatism, neuralgia of various kinds, bronchitis, catarrhal inflammations, ophthalmia, and mild forms of sore throat.

The first few days were quite warm and genial. During this time, epistaxis, rheumatism, headache, general debility, enteralgia, diarrhoea, and languor were the main features of the disease tendency. On the 7th, during a southwest wind, the thermometer reached its highest point for the month (69°). Languor and tired feelings, and an increase of spinal diseases resulted, and about this time there was also a great tendency to paralysis and apoplexy. On the 11th there was a rain-storm with chilling northeast winds, when hoarse colds, sore throats, laryngitis, bronchial catarrhs, headache, and rheumatism increased abundantly. The apoplectic tendency continued till the middle of the month. Local numb feelings were peculiarly noticeable symptoms, as for instance, in one arm, or in one or two fingers, aching of the left arm; but as heart diseases were worse about this time they may be accounted for in the general depressed condition of the nervous system. From the 15th, for several days there was more or less cloudiness, with an increase of catarrhal colds, sore throat, bronchitis, and ophthalmic inflammations, then followed a tendency to spinal congestions. From the 21st, flying rheumatic pains and fresh colds, with enteralgia and other neuralgic pains, and sore rheumatic aching over the body, with the pains moving from place to place, occurred. There was also a disposition to diphtheria, diarrhoea, and hæmorrhages. The sudden change of the 25th, when the thermometer run down to 16°, produced a considerable amount of neuralgia, although the general vital tone of patients was raised, and they felt stronger. Local rheumatic pains were also noticeable, as well as headaches and hæmorrhages. *Remedies:* The flying rheumatic pains called for *Pulsatilla*. The sore aching and neuralgias were more generally met by *Arnica* than by any other remedy. Languor, tired feelings, and spinal diseases were best reached with *Arsenicum*. Scarlet fever assuming a mild form corresponded to *Belladonna*, as likewise the sore throats and headaches as a rule. *Chamomilla* was the catarrhal remedy.

APRIL, 1878.

The Signal Service local weather report for April has the following:

Barometer.—Monthly mean, 29.81; highest reading on the 18th, 30.33; lowest on the 5th, 29.25; monthly range, 1.08 inches. The barometer depressions of 6th and 12th ult. were followed by dangerous winds of thirty-four and forty miles respectively.

Temperature.—Monthly mean, 56 degrees; highest reading on 24th, 78 degrees; lowest on 18th, 41 degrees; monthly range, 37 degrees; greatest daily range on 24th, 30 degrees; least daily range on 25th, 8 degrees; warmest day was the 21st; coolest day was the 4th.

Moisture.—Mean relative humidity, 66 per cent.; number of days on which rain fell, 12; cloudy days other than rainy, 2; fair days, 14; clear days, 2.

Wind.—Prevailing direction from the north west; highest hourly velocity on 12th instant, 40 miles.

DISEASE TENDENCY.

The average temperature for April being nearly equal throughout the month from day to day, no unusual amount of sickness would naturally be expected to prevail, and this we find to have been the fact.

When the month came in, conjunctivitis and other ophthalmic diseases were quite prevalent; also rheumatism, catarrhal influenzas, and headaches.

On the night of the 6th, patients and others complained of restlessness and wakefulness.

On the following day nervous diseases were aggravated, and a great tendency to pleuritis occurred.

About the 9th, for two or three days there was a tendency to diphtheria; while hoarse colds, bronchial catarrhs, headaches, and rheumatic aches and pains prevailed.

Then a tendency to epistaxis occurred.

On the 15th we find another one of those wakeful nights, with a tendency to enteralgia and diarrhœa following.

Eye diseases and hæmorrhoids still continued abundant until about the 19th, then bilious diarrhœa set in.

On the 22d, heart diseases and eye cases were worse.

A slight typhoid tendency existed from that until the close of the month.

Rheumatism, neuralgia, diarrhœa, debility, enteralgia, gastralgia, and a general feeling of fatigue were the principal closing tendencies of the month.

MAY, 1878.

The Philadelphia local weather report for May is as follows:

Barometer.—Monthly mean, 29.94; highest reading on the 19th, 30.27; lowest on the 5th, 29.59; monthly range, 0.67 of an inch. There has been no great and rapid changes in pressure during the month.

Temperature.—Monthly mean, 61 degrees; highest reading on 12th, 41 degrees; monthly range, 41 degrees; greatest daily range on the 5th instant, 5 degrees; warmest day on 3d; coldest day on 14th. The mean temperature of this month is about the same as that of the months of May in the past seven years, and a point in favor of its healthfulness is the low range of the temperature as compared with that of past years.

Moisture.—Mean relative humidity, 62 per cent.; number of days on which rain fell, 10; cloudy days, not raining, 5; fair days, 13; clear days, 3.

Wind.—From 213 observations the wind blew from the north, 22 times; northeast, 27 times; east, 9 times; southeast, 8 times; south, 22 times; southwest, 44 times; west, 36 times; and northwest, 45 times. Highest hourly velocity on the 11th instant, 37 miles.

Other Phenomena.—Lightning was observed on 4th, 8th, and 21st instant; lunar halo on 16th instant; frost on the 12th and 15th instant, injuring the more tender foliage and plants slightly; some hail fell on 11th instant.

DISEASE TENDENCY.

May was comparatively a healthy month throughout, with the exception of heart diseases, which were unusually prevalent and fatal.

At the beginning of the month there was a tendency to general prostration, tired and sinking feelings.

Nervous patients suffered considerably with headache, gastralgia, and enteralgia. Diarrhœa was also prevalent.

Inflammations of the heart tissues and surrounding structures became more manifest about the close of the first week, and persons suffering with heart symptoms were generally worse. The general debility, headache, and sore throat and conjunctivitis, were peculiarly noticeable. There was considerable vital depression, with chilly feelings and fresh colds, about the 11th. On the 15th, gastric and hepatic derangements, gastralgia, and palpitations of the heart were worse and more abundant. Then followed a tendency to hæmorrhage, epistaxis, bloody expectorations, and debility.

Hepatic derangements, heart diseases, gastralgia, diarrhœa, and sore throat were the principal troubles of the following week.

The last four or five days of the month, nervous depression, headaches, nervous and cardiac diseases seemed to be the prevalent conditions.

Remedies.—Arsenicum seemed to be the remedy most called for in the heart cases, although Digitalis, Spigelia, and Aconite were frequently required.

Bry. met the hepatic and gastric symptoms.

Ignatia mainly for the headaches and nervous conditions.

CORRESPONDENCE.

NEW YORK, March 23d, 1878.

ROBT. J. MCCLATCHY, M.D., EDITOR HAHNEMANNIAN MONTHLY.

DEAR DOCTOR: Will you please publish the following letter, and my answer. My remarks at the recent meeting of the County Medical Society have been so grossly misstated by one of our New York papers, that I am not surprised at receiving such letters.

I wish immediately to correct the wrong impression given, and place myself in a proper position with my professional brethren and the public.

Yours very truly, JNO. DOWLING, M.D.

OWASSO, MICH., March 18th, 1878.

JNO. DOWLING, M.D.

DEAR DOCTOR: Being ignorant of the nature of the motion voted upon by the New York Medical Society, I am unable to contradict the statements which are being circulated by the "Regulars" to the great injury of homœopathic practice. You as a recognized exponent of homœopathic medicine are charged with publicly disavowing faith in the law of cure peculiar to our school; and this is flaunted in our eyes every day. May I trouble you for a line on the subject, that I may have authority for my words.

Yours respectfully,

EDWARD A. INCE, M.D.

NEW YORK, March 21st, 1878.

MY DEAR DOCTOR: Yours of March 11th, addressed to me as Dean of the New York Homœopathic Medical College, has just reached me.

Far be it from me to do or say anything which can injure homœopathy.

In opposing the rescinding of the resolutions (a copy of which I inclose) offered at the meeting of the New York County Medical Society, held on the 8th of February, and passed by an overwhelming majority,—but one member present voting in the negative,—I said nothing which could possibly be construed into a disavowal of faith in the principle of cure peculiar to our school.

In commencing my remarks I said: “I am a homœopath, and as firm a believer in the homœopathic principle of cure—*similia similibus curantur*—as any physician present this evening, or practicing homœopathy to-day.”

In a practice of over twenty years I have exclusively followed that principle within the field to which it is applicable. But in my experience, as in the experience of every physician, mechanical and chemical conditions are constantly arising, requiring mechanical, chemical, and, in some cases, local applications and palliative treatment. And when my knowledge of the cause of the trouble I am called upon to relieve, my knowledge of pathology, or my judgment, prompts me to resort to any of these measures for the relief of suffering or the saving of life, I do so unhesitatingly, and in so doing, deny the right of any man to accuse me of acting in opposition to the principle of cure by which as a homœopath I profess to be guided.

I said, *we are so accused* by men who in the public prints pretend to *define and expound* homœopathy. I cited the case of a stomach overloaded with indigestible food, which was acting as an irritant, and producing symptoms in my judgment impossible to relieve so long as the irritating cause of the difficulty remained. Under such circumstances, I said, common sense would prompt me to resort to an emetic. I cited the case of the rectum overloaded with impacted fecal matter, a poison in itself, and enumerated the symptoms, mechanical and septic, which might arise, and said my judgment would prompt me, instead of treating these symptoms primarily, to first resort to measures, an injection or a cathartic, to rid my patient of this foreign and effete matter from which all these symptoms arose.

I cited the case of a young graduate of a homœopathic college, who had located in a town in Massachusetts, who had been led to believe that the principle *similia similibus curantur* was all that he would ever require as a guide for treatment in any and all of the cases of sickness which would come under his care. One of his first was a case of post-partum hæmorrhage. Armed with his pocket repertory, he selected a remedy and administered it; the bleeding continued; he tried again, and still the bleeding continued, his patient growing weaker and more pallid. He was preparing for a third remedy, when she breathed her last, died a victim to medical incapacity on the part of the attending physician, caused by incomplete and improper teaching by his professor of obstetrics. The young man was ruined and obliged to give up the foothold he had obtained, and leave the town in disgrace. I said in such a case I should unhesitatingly resort to mechanical measures, and local applications too, to save the life of my patient, and have repeatedly done so, and in resorting to prompt and effectual measures by which I saved the life of my patient, feel that I but did my duty, and deny the right of any one to accuse me of not being a homœopath.

I cited a case of gallstone colic, where a homœopathic physician had for hours been prescribing for symptoms without results. He was dismissed, and another physician called, who injected a solution of Morphia hypodermically, giving speedy relief. Here was a purely mechanical condition, with no hope of relief till this gallstone had passed into the duodenum. Under such circumstances, I said I should use Morphia, Chloroform, local applications, or anything that would give my patient

relief from his intense suffering till the cause of the difficulty was removed, and in so doing would deny the right of any one to accuse me of not being a homœopath. In other words, to quote from the resolutions, I claim the inviolable right to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments, and verified by experience, that shall in my judgment tend to promote the welfare of those under my professional care.

I favored the resolutions that I might thus practice my profession without being submitted to unjust criticism by extremists in our own ranks; that I might thus practice without being accused of dishonesty in not adhering to homœopathy by practitioners of the old school.

No, Doctor, I have not publicly or privately disavowed faith in our glorious principle of cure. The longer I practice my profession the firmer is my faith, and the more successful I am in the application of that principle.

Yours very truly,

JNO. DOWLING.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE COMMENCEMENT.

THE Eighteenth Annual Commencement was held at Chickering Hall on the evening of Thursday, February 28th, 1878. Every portion of the great hall was crowded with ladies and gentlemen from the best circles of New York society.

The exercises of the evening were opened by a prayer from the Rev. Dr. Tucker, of New York City. The Dean, Prof. Dowling, then gave an introductory address, after which the degrees were conferred upon the graduating class by Hon. Salem H. Wales, President of the Board of Trustees.

The Secretary of the Faculty, Prof. Bradford, then presented certificates to the juniors who had passed a satisfactory examination in any or all of the junior studies; after which Prof. Helmuth, in the happiest manner, conferred the prizes upon the various successful competitors in the senior and junior classes in the following order, viz.:

1. *Faculty Prize, a fine Microscope*, \$100, conferred upon the graduate attaining the highest grade of scholarship through the whole course, to G. R. Stearns, of Buffalo, N. Y.

In connection with this prize the following graduates received *honorable mention*: C. A. Walters, Jr., of Greenpoint, L. I.; N. W. Rand, Francistown, N. H.; T. W. Swalm, of Mahanoy City, Pa.

2. Prize, presented by H. B. Millard, M.D., to the best operator on the cadaver, and showing the most aptitude for surgery, *a fine set of Operating Instruments*, to Thomas Dickenson Spencer, of Utica, N. Y.

3. Prize, "Allen Gold Medal," for the best original investigation in *Materia Medica*. Gold medal to Edward Chapin, of Chapinville, N. Y., "*Apocynum Cannabium*."

4. Prof. Burdick's prize, "A Pair of Obstetrical Forceps," for the greatest proficiency in the branch of Obstetrics, to G. R. Stearns, of Buffalo, N. Y. *Honorable mention*: William H. McLenathen, of Jay, N. Y.; Henry Von Musits, of New York City; B. C. Shenstone, of Brooklyn, N. Y.

5. Prof. Lilienthal's prizes:

"A," for the best record of the Medical Clinics held at the college, Pocket Case of M. Potencies, to Arthur A. Camp, of Brooklyn, N. Y.

"B," for the best Thesis on Nervous Disorders, *Wickers on Nervous Diseases*, London, 1878, to C. A. Walters, Jr., of Greenpoint, L. I.

The subject of Mr. Walters's thesis was "Chorea."

These two prizes were adjudged by medical gentlemen not connected with the college in any way.

6. *Prof. Helmut's prize:*

For the best record of the Surgical Clinics held at the college and at Ward's Island Hospital, "A very fine Pocket Case" of general Operating Instruments, to H. C. Blauvelt, of New York City, of the junior class. *Honorable mention:* Arthur A. Camp, of Brooklyn, N. Y., of graduating class.

7. *Wales's prize:*

Presented by Hon. Salem H. Wales to the member of the junior class attaining the highest grade of excellence in the junior branches to E. V. Moffat, of Brooklyn, N. Y., "A Helmut Pocket Case" of Instruments. *Honorable mention:* J. W. Candee, of Syracuse, N. Y.; R. M. Weed, of New York City.

J. T. O'Connor, M.D., Professor of Chemistry, then delivered a most excellent valedictory address on behalf of the faculty to the graduating class; after which B. C. Shenstone, M.D., delivered the valedictory address on behalf of the class.

The Rev. Dr. Tucker, after an address giving some well-chosen advice to the graduating class, closed the exercises of the evening with the benediction.

The following is a list of the graduates:

| | |
|----------------------------------|---------------------------------|
| H. J. Beals, New York. | S. M. Johnson, New York. |
| C. K. Belden, " | J. Kastendieck, New Jersey. |
| T. P. Birdsall, " | G. Lounsbury, New York. |
| G. C. Blaklock, " | C. McDowell, New Jersey. |
| M. M. Bose, Calcutta. | W. H. McLenathen, New York. |
| L. T. Botsford, New York. | E. J. Morgan, Jr., " |
| A. A. Camp, " | H. Von Musits, " |
| Eugene Campbell, Iowa. | J. L. Nevin, Pennsylvania. |
| J. H. Chamberlain, New Jersey. | N. W. Rand, New Hampshire. |
| E. Chapin, New York. | O. S. Rich, New York. |
| O. C. Cole, " | B. C. Shenstone, " |
| G. W. Crosby, " | T. D. Spencer, " |
| A. M. Curtis, " | C. E. Stark, Connecticut. |
| J. G. B. Custis, Dist. Columbia. | G. R. Stearns, New York. |
| R. N. Denison, M.D., New York. | E. C. Strader, " |
| W. A. Durrie, Jr., New Jersey. | J. J. Sutton, " |
| W. E. Gorton, New York. | T. W. Swalm, Pennsylvania. |
| H. W. Garrison, " | C. S. Van Schoonhoven, N. York. |
| H. D. Gould, New Hampshire. | C. A. Walters, Jr., " |

SPRIT OF THE MEDICAL PRESS.

CLINICAL OBSERVATIONS IN ST. JACQUES HOSPITAL (*Idem*). *Hydrarthrosis Chronica* (Water in the Knee-joint). Miss G., 25 years old, had had almost every winter a swelling of the right knee, which laid her up for some time. I found it much enlarged, deformed, and somewhat sensitive.

The effusion within the joint could be easily recognized by palpation. Walking was extremely painful and she was hardly able to bear her weight upon the right leg. Her general health was otherwise good.

It was ordered that she be kept perfectly quiet, and take Iod. 6^{ss}, two drops daily.

December 11th (six days after). The swelling had diminished considerably, pressure was no longer painful. Iod. 3 \times , two drops a day was prescribed.

December 21st The exudation was almost entirely absorbed and the joint could be bent without much difficulty. Iod.¹² as before.

December 28th. No fluid could be detected in the joint; the patient walked without difficulty, but the motion of the joint was limited. Iod³, continued twice daily.

January 13th. Patient had some stiffness about the joint and the ligaments were somewhat thickened. Apis, 3d trituration was given, and the actual cautery was applied to a few points around the joint.

January 11th. The unyielding tissues about the joint were softer, and movements were less restricted. Treatment continued.

January 28th. Patient was discharged cured.

It is important not to confound hydrarthrosis with tumor albus. The first is almost painless, but becomes painful from stretching and rapid distension of the joint. There is also more exudation than in the latter condition.

To determine fluctuation, place the limb in extension, which relaxes the ligament of the patella, grasp the joint above and below the knee cap, and press upon this with the fingers until it rests upon the condyles, and the water beneath will be forced out to the periphery of the capsule. When the effusion is considerable, the patient keeps his limb semi-flexed, because in this position the capsule of the joint is less stretched.

In recent cases of this disease, Apis is the principal remedy.

Hydrarthrosis Acuta.—Mrs. C., 32 years old, somewhat delicate, had excessive menorrhagia. In consequence of this last, was in poor condition, though otherwise health was tolerably good.

In December she was attacked by a severe pain in the left knee, followed by rapid swelling of the joint.

The third day there was great swelling, the knee was globular in form, fluctuation very apparent, the joint was semiflexed and there was a painful feeling of distension, but little heat or redness. The appetite was diminished and the sleep imperfect. Apis, 3d dil., 3 drops in 200 grams of water, one teaspoonful every three hours, was prescribed. The patient improved steadily, and the ninth day was able to walk about. The effusion had disappeared, the ligaments were still stiff, but a few days later the patient returned to her accustomed occupation.

In this case the cure was rapid and without the use of any other remedy.—W. H. W.

DEATH FROM CARBONIC OXIDE (*Idem*).—A Frenchman named Deal despaired of doing any good in life and resolved by his death to become celebrated. So he killed himself in his fiftieth year, in order to determine the action of carbonic gas upon man for the benefit of science.

In the diary of the suffocated one was found the following account:

"I place a lamp, a candle, and a watch upon my table and begin the experiment. It is 10½ o'clock, I have just made a fire in the closed stove; the charcoal burns well.

"Twenty minutes after ten Pulse quiet and beating as usual.

"Thirty minutes after ten. Thick smoke fills the room; candles almost extinguished; violent headache came on; the eyes filled with acrid tears; I feel very sick; pulse violent.

"Forty minutes after ten. Candle extinguished; lamp still burning; the temporal veins beat to bursting; very sleepy; frightful pain in the stomach; pulse 80.

"Fifty minutes after ten. I feel suffocated; strange thoughts flash

through me; I can hardly breathe now; I will not go much farther; symptoms of delirium.

"Eleven o'clock; I can hardly write; my eyes refuse; lamp gone out; I did not think it so frightful to die."

A few illegible words follow.

In the morning they found Deal dead upon the floor.—W. H. W.

CURE OF PROLAPSUS ANI BY FARADIZATION. (*Allgemeine Hom. Zeitung*, April). Dr. Ehrlichs, of Lichtenfels.—In a girl fourteen years old, in whom a prolapsus ani had occurred at fourteen days after birth and could not be returned, the author found the following conditions: The child looked like one recently born, the anus (rectum) was prolapsed 20 centimeters, and the extruded part was discolored and pale-brown. The indication was to restore the prolapsed portion. Both thumbs were placed about the lower end of the bowel, so that their ends projected into the opening, and during an interval of crying the gut was returned. One thumb was pushed up its whole length, and kept there until a conical tampon of charpie, smeared with Tannin ointment (one part to three) was applied over the parts and pressed upwards, while the thumb was slowly withdrawn.

The tampon was kept in position the first three days by the hand of a nurse, one relieving another every few hours. The child lay upon the table on his side, and was nourished with milk, beef tea and wine.

The fourth day the rectum had a better look, and was treated by a weak faradic current for ten minutes around the parts. The strength of the current and the duration of application were increased gradually for ten days, until at last the entire power of one zinc and carbon element was applied for half an hour. Before fourteen days the tampon remained in position, unless pushed out by defecation, and the muscles contracted and drew the prolapsed part completely in. The tumor had now diminished much, the appearance became daily more healthy, and the ulcers in the mucous membrane had healed entirely.

The sphincter muscle near the border of the anus, after the twelfth day, was faradized strongly every five minutes. The child in this short time had developed considerably, and became capable of bearing solid food well. Treatment was interrupted the fourteenth day and then continued to the end. Two years have passed since and no relapse has occurred, and the child has become strong and healthy.—W. H. W.

ASSOCIATION FRANCAISE POUR L'AVANCEMENT DES SCIENCES. (*Bibliothèque Homœopathique*, Août, 1877 —M. Cl. Bernard entered the hall where the session was in session and was offered the chair of President.

The illustrious physiologist made a communication upon animal heat and upon some calorific phenomena which are observed in fevers. He stated that very many experiments had been made in order to determine what was the maximum point of animal heat, and that the results obtained by different experimenters have been often contradictory, some having found the venous blood warmer than the arterial; others having obtained a contrary result. It is very interesting to seek by new and better-managed experiments for the cause of these apparent contradictions in the results of experimentation.

M. Bernard recalled rapidly the different theories of animal heat: that of Lavoisier, who places the focus in the lungs; the theory which attributes the production of heat to muscular activity; and last, that which is generally admitted to-day, which places in the capillaries the furnace of this heat. The heat in the vascular system not being the same everywhere, it would be necessary at first to determine the caloric topog-

raphy. In his experiments M. Bernard has used a thermo-electric apparatus, sensitive to a fiftieth of a degree. The two needles of the apparatus have been introduced into a gum-elastic bougie, the parietes of which do not prevent the heat from influencing the needle as rapidly as we can desire.

In a dog the crural artery and vein being uncovered in the inguinal region, one introduces into each vessel a bougie prepared with the thermo-electric needle; at the moment of introduction one always finds the temperature of the artery higher than that of the vein; but if one pushes on in the artery it is perceived that the temperature is constant in all points of the aorta even, to the level of the left ventricle.

On the contrary, in proportion as one pushes on the needle which is in the vein, the temperature rises little by little. When one arrives at the level of the entrance of the renal veins the temperature is the same in the aorta and in the inferior vena cava. Lastly, when the apparatus has reached above the diaphragm, it is found that the temperature of the blood in the vein is higher than that in the aorta. It is above the diaphragm, at the point where the hepatic veins empty their blood into the inferior cava, that the maximum temperature of all the body is found. When the needle is pushed farther a slight diminution is observed, though the temperature of the vein does not descend to the level of the arterial current.

When the heart is passed and the superior vena cava is penetrated, the venous blood becomes colder than the arterial. Thus it is from the entrance of the renal veins to the origin of the superior cava that the venous blood is warmer than the arterial, and the maximum difference is just at the point where the hepatic veins empty into the inferior cavas. In the physiological state, this difference is only from two to five-tenths of a degree. These results would accord easily with the theory which places the production of animal heat in the capillary system, if the blood of the peripheric veins is colder than the arterial, that is, if there is a loss of caloric, which diminishes the temperature in them.

When one examines, on the contrary, as in the above experiment, the blood of the hepatic veins, which has not undergone this loss of heat, one finds the excess of temperature that the theory demands. If, during the experiment which we have first read about, the animal struggles, the temperature of the venous blood rises. When the animal becomes feverish, the difference of temperature between the two kinds of blood can reach one degree.

Usually M. Bernard uses, in order to put his animals to sleep, the combined action of morphine and chloroform; he has noticed that strong doses of opium modify the results of an experiment, and that after their employment, we may find the venous blood colder than the arterial. It is remarkable that if the dog is attacked by fever, opium has no longer any effect upon the temperature of the vein and no longer produces the same cooling as in the physiological state. M. Bernard compares this fact with the following, observed by Heidenhain: when one causes an animal in good health to suffer pain, his temperature immediately falls. If, on the contrary, the animal is feverish, the painful excitation does not affect the temperature.

How is it that fever prevents the cooling action of Opium and of suffering? It is because fever is a nervous phenomenon, connected with a vaso-dilating action. He admits that this vascular dilatation is not a passive phenomenon, a paralysis, but rather an active phenomenon, depending upon special nerves. He cited in support his beautiful experiments upon the submaxillary gland: excite the fibres of the sympathetic, which go to the gland, and you have a vascular constriction and a cooling; excite the chorda tympani and you have a vascular dilatation and an increase

of temperature. These effects are not due to an afflux, nor non-afflux of blood, since they are seen when even the artery of the gland is tied and the afflux of blood impossible.

In closing, M. Cl. Bernard remarked, that when an organ reposes and nourishes itself, the temperature of that organ is lowered; it rises, on the contrary, when the organ labors and uses itself.

It results from these, that, as clinicians have well noticed, the heat is one of the troublesome elements of fever, since it coincides with the wear and tear of organs and prevents the phenomena of regeneration.—W. H. W.

COMBINATIONS OF CYANOGEN IN GOUT AND RHEUMATISM.—Dr. Luton (*All. Hom. Zeitung*, No. 11). The Doctor recommends, as a specific for gout and acute rheumatism of the joints, combinations of Cyanogen, especially Cyanide of zinc and of Potassium.

He made the first trial upon a rheumatic patient with violent cerebral symptoms, whom Opium and Bromide of potassium had left in extremis.

After using the Cyanide of zinc, the brain symptoms, as well as the rheumatism, disappeared. In similar cases he has had the best results from the use of the remedy.

He tried it in acute rheumatism of the joints, where he found its action still more decided.

He took ten cases and treated one-half by Cyanide of zinc, and the other half by Cyanide of potassium, with the following results: The duration of the disease, from the time of beginning the administration of the medicine, varied from three, seven, ten days. In all the cases the affected joints became almost free from pain after a single day's use of the Cyanide, and in the greater number no other joints became affected; in others, the joints early affected promptly recovered after beginning the remedy.

The doses varied with both preparations from five, ten, fifteen grams (a day?). The Zinc cyanide was given in mucilage, a tablespoonful every hour; the Potassium cyanide in pills of 0.5-1 gram, two to three times a day.

Symptoms of poisoning were not observed notwithstanding the high doses given, which L. explains by the rapid excretion of the cyanogen, as hydrogen cyanide, in the breath; whereby an accumulation is prevented. The action upon the heart resembles that of *Digitalis*, only it is less rapid; in one case there was slowing of the pulse from 96 to 48 beats, after several days' use of the medicine.

The temperature was taken in one case only, in which there was noticed the day following the administration of the Potassium cyanide a decline in temperature of about 1° C.

Diarrhœa occurred in exceptional cases. It was observed that after giving the remedy, and coinciding with the relief of the joints, the urine was copious and very strong in odor.—W. H. W.

MERCURIUS CORROSIVUS IN GONORRHŒA (*Idem.*).—Dr. L. Bruck uses Merc. cor. in clap, gives it even in hyperæmic stage, and insists that it will cure every case of gonorrhœa, without complicating them, in six weeks.

The discharge is remarkably profuse the first ten days it is given, and then becomes weaker and more serous; the burning in the urethra is endurable, and chordee when present is moderated.

During treatment the use of spirituous liquors, coffee and strongly spiced food is to be avoided. Purgatives are forbidden, because unnecessary, during the use of the sublimate. The medicine sometimes causes

cramps in the bowels and stomach, and must then be omitted for a time. In heart and lung affections it is not applicable. The dose, the first ten days, is 1 centigram *pro die*; the next five days 2 centigrams *pro die*, etc.—W. H. W.

GOUT CURED BY A BEE STING (*Idem*, No. 19).—A woman suffered so severely from gout, that for six months she could hardly rest or sleep, and her right arm was so lame that she was incapable of doing her work, and even of dressing and undressing herself. The husband heard of a farmer who had been unable to work in consequence of rheumatism, and who owed his entire recovery to an accidental sting from a bee.

He prevailed upon his wife to try the remedy, as the pain caused by the bee sting could hardly be worse than what she already endured. Three bees were placed upon the right arm, and pressed upon it for some time, so that the poison sacs of the insects should be completely emptied. The result was surprising. The patient the next night enjoyed a long sound sleep, of which she had been deprived six months, and the tormenting pain had almost entirely ceased.

The arm in consequence of the sting was, of course, much swollen, but this diminished gradually under cool poultices. All the pain finally ceased, the lame arm regained its former strength, and since then there has been no symptom of rheumatism.—W. H. W.

CURE BY LACHESIS (*Idem* No. 24). Dr. Kunkel.—Mrs. P., 31 years old, healthy up to three years ago, suffered two years ago from rheumatism, in consequence of taking cold after childbirth, and several abscesses formed in the lumbar region. A year ago she had inflammation of the liver. She is now somewhat emaciated, has circumscribed redness of the cheeks, occasional icteroid discoloration of the face, and is very weak. She has had a violent cardialgia for three years; the attacks last about two hours; she has paroxysms at night, and is never entirely free from pain.

She had a pressing, drawing, cord-like pain in the breast; a sensation as if wind was blowing upon her; then weakness of the entire left side, which extended to the throat, as also did the pain in the stomach, during which she was obliged to bend double.

The worst pain was in the left side of the back, under the left scapula; there was great sensitiveness; depression of spirits; frequent diarrhoea from excitement; tenesmus of bladder; and there had been discharge of urine by drops for a long time before the cardialgia set in.

February 2d. Ordered Lachesis 30^x. 10th. Patient was decidedly better.

November 23d. Lachesis²⁰⁰ was given, and with the result of curing the case, as the cardialgia was relieved and has not returned.—W. H. W.

DR. KIRSTEN, of Leipsic (*Idem*), details a case of indurated chancre of long standing, which he cured very rapidly by a few doses of ϕ Conium. He gives this medicine the preference over all others for such cases.—W. H. W.

(Dr. W. H. WINSLOW, of Pittsburgh, sailed the last of July for an extended tour of observation in the eye and ear hospitals of Europe.—*Ed.*)

TO THE READERS OF THE HAHNEMANNIAN MONTHLY.

ON the first of August, 1865, the first number of the HAHNEMANNIAN MONTHLY, issued from the press as the organ of the Homœopathic Medical College of Pennsylvania, and under the additional management of Drs. Adolph Lippe and J. H. P. Frost, and the special exponent of the views and teachings of those of the Homœopathic school who were known as pure "Hahnemannians," "Purists," and Homœopathsicians." Before the close of the third volume, Dr. R. J. McClatchey was associated with Drs. Frost and Lippe, as co-editor. The fourth volume appeared under the sole editorial management of Dr. McClatchey, and the college which it represented having "gone under," and been merged by Act of Assembly with its rival, the publication of the journal passed into the hands of Mr. A. J. Tafel, the popular and enterprising young pharmacist and publisher. After a time Mr. Tafel was "merged" with his older colleague, the well known and highly esteemed pharmacist and publisher, Dr. F. E. Boericke, and the journal then came to be published by the established firm of Boericke & Tafel, the editorial management remaining unchanged. It thus continued, until one year ago, when the Hahnemann Medical College of Philadelphia, having decided to discontinue the publication of its journal, the *A. J. H. M. M.*, A. R. Thomas was made *Associate Editor*. The present issue, the triple number, representing the monthly parts for May, June, and July, closes the thirteenth annual volume, and with it the publication of the journal, at least for the present.

Thus it will be seen that our editorial pen was taken up more than ten years ago, and will be laid down again, possibly forever, at the close of this brief article. It is an act done with a heavy heart, and one which nothing short of dire necessity could compel us to. As we look back over the history of the journal, and remember the vicissitudes through which it has passed; the burning of midnight oil, and the worry over "proof" and "copy;" the heart-breakings of the days of our greenness; the invadings of our private affairs by the insatiable "devil" and his demands for "more copy," and the necessity of turning everything over and over again to furnish *just a few pages more*; the gradual increase of editorial knowledge and judgment; the increasing size of the journal; its improved appearance; the eoniums of friends and readers, and the praise of writers at home and abroad; the free use of its columns by the dextrous scissor-editors of the foreign journals, all these compel us to regard it in the light of a child brought up through work and waiting and with hope and promise: and now, to look

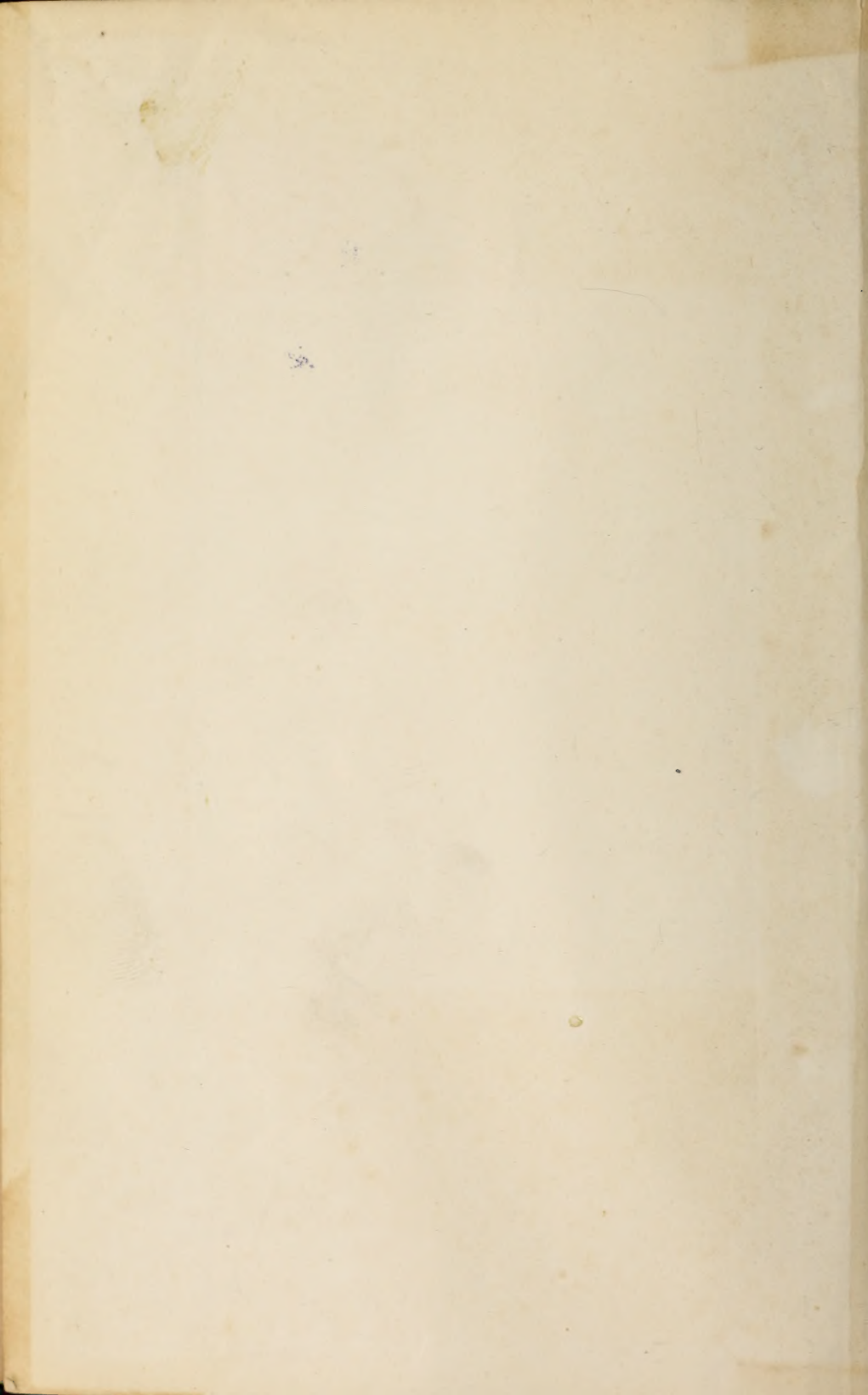
upon its taking off in the moment of its apparent triumph, is in a measure like the loss to a father of a hopeful son.

We have bestowed a vast amount of labor upon the journal during the past ten years, the exact measure of which can be made known to only those who have had some experience in a similar work. For the past twelve or eighteen months this labor has fallen very heavily upon us, owing to the cause of a large practice, a college professorship and other matters involving time and work, and in consequence the journal has been neglected somewhat and its issues irregular. While this has been greatly regretted, it could not have been avoided. While our colleague, Professor Thomas, to whom we wish to herewith extend sincere thanks and acknowledgement, was ever willing to help with the work in any way, yet from a feeling of self-reliance, strengthened by ten years of experience, and the thought that we would be able to get at the work "*to-morrow*," we failed to avail ourselves of his valuable assistance to the full; and again, the narrowing of our hours of literary labor to those of daylight, hindered the getting out of the numbers on time. Thus we feel that it was an act of justice to all parties concerned to stop this imperfect performed and irregular work.

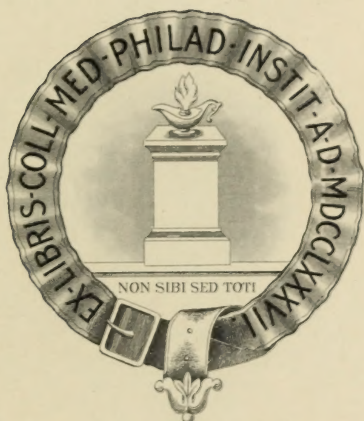
Again, THE HAHNEMANNIAN MONTHLY DID NOT PAY. Notwithstanding the fact that it was edited with the greatest care; that a careful selection of articles for its columns was always made, and that these were published in the best possible shape, that the minimum amount of trash and chaff was admitted to its papers; that its proof-reading was done with scrupulous nicety; that the publishers spared no expense in making it the handsomest medical journal of our school, by furnishing the best quality of paper and binding and having it printed at the best and consequently most expensive printing house in the country; that its circulation was constantly increasing, although slowly, it is also a fact that Messrs. Boericke & Tafel sank from five to six hundred dollars annually, with nothing to repay them for this loss beyond such return as the prestige of being publishers could furnish, and having the freedom of advertising at will. These causes have led to the determination to cease the publication of this journal with this issue.

To those who have assisted us as contributors or subscribers, we return sincere thanks, and to all we say—FAREWELL; with this admission, that our journals must be supported better than they are now, with both money and brains, or the HAHNEMANNIAN MONTHLY will not be the only one suspended.

To the editor's able exposition of the causes which led to the suspension of the publication of the journal, the publishers wish to add, that it is not their intention to abandon the publication of the journal altogether, but that they consider it as a suspension, and that they will take pride in its reappearance at some future favorable time.



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Richard J. Dunsford, M.D.

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